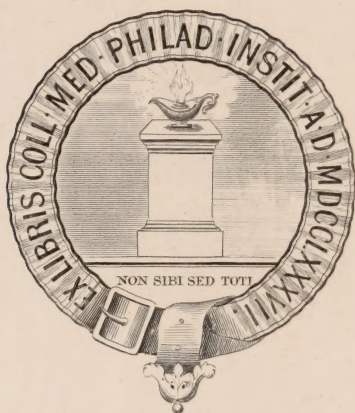
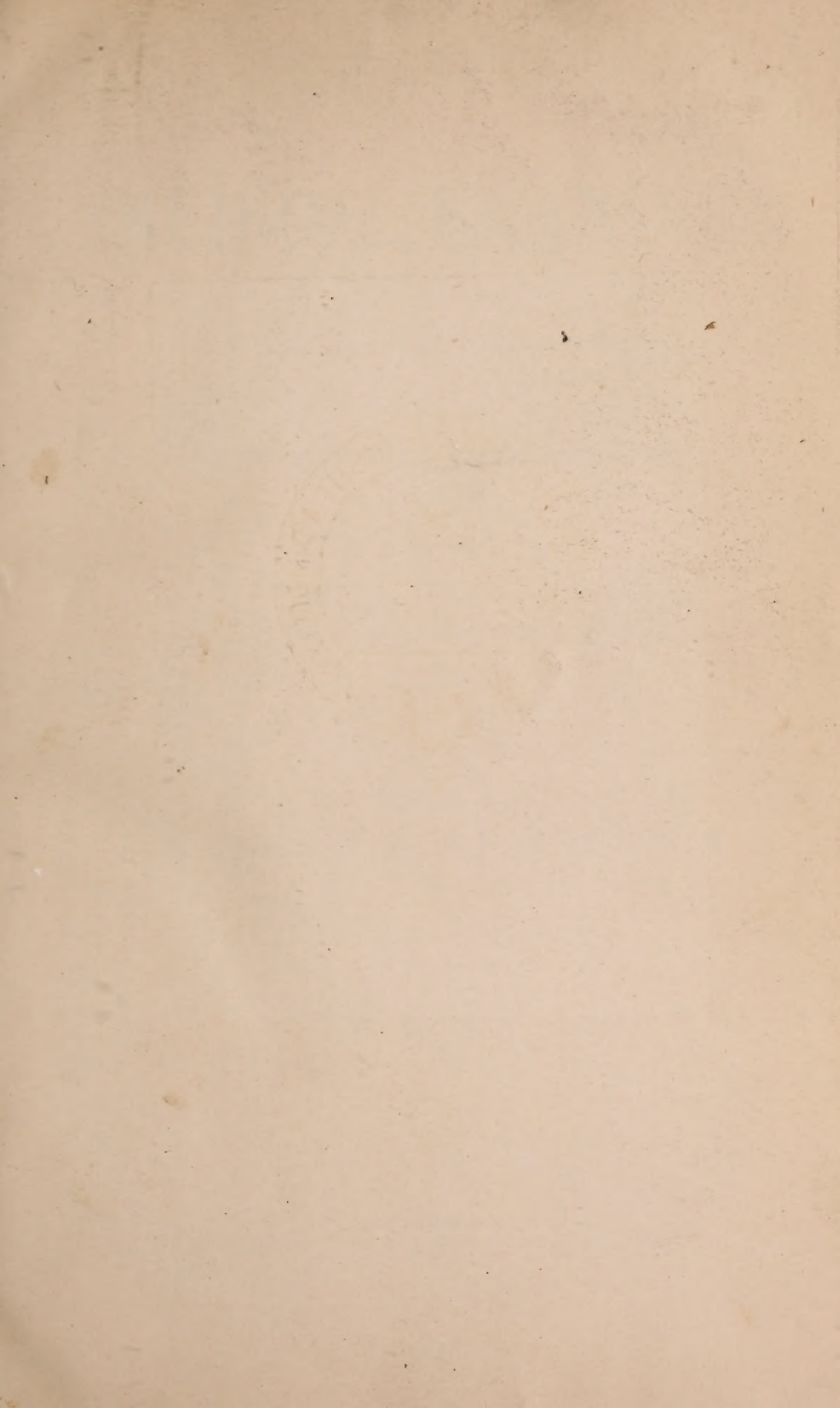




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THE CHICAGO

MEDICAL EXAMINER

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OF THE

MEDICAL PROFESSION.

EDITED BY

N. S. DAVIS, M. D., & F. H. DAVIS, M. D.

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N. S. DAVIS, M.D., EDITOR.

F. H. DAVIS, ASSISTANT-EDITOR.

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Original Contributions.

THE ADMINISTRATION OF EMETICS DURING PREGNANCY, AND THEIR THERAPEUTIC EFFECTS IN CASES OF THREATENED ABORTION, MISCARRIAGE, AND PREMATURE LABOR.

By J. G. STOKES, M.D., Grayville, Illinois.

Although many physicians regard emetics as powerful and valuable restorative agents in a great variety of diseases, yet, I am not aware that anyone has ever recommended such potent agents in the treatment of threatened abortion, miscarriage, or premature labor. And, as I now attempt to present to the medical world, through her journals, the value of emetics in such cases; I, at the same time, am not forgetful of that strong opposition by which it will likely be met. Neither have I forgotten the *bitter* opposition which greeted Jenner when he promulgated his *great* discovery, by which the human system is rendered unsusceptible to the contagion of small-pox. And, Jenner's discovery has not been an exceptional one. Numerous instances could be cited, showing that quite a percentage of the most invaluable discoveries, both in medicine and surgery, have met with the most violent opposition, and that opposition frequently coming from men in the profession of great skill and wide-spread reputation; some of them, *great* luminaries, as it

were, of the medical world. But, notwithstanding this opposition, they have stood the test, and to-day are among the most important and reliable agents in our profession.

And, while I attempt to present the claims of emetics, given during pregnancy, to the favorable consideration of physicians, I do it with the fact borne in mind, that such a course of treatment is contrary to all the teachings of obstetricians, and to the generally accepted theory of the medical profession; not only so, but that it is, by them held, that emetics are very liable to bring about abortion of themselves. But, notwithstanding this, after carefully taking into consideration all their objections, they do not, in my opinion, detract in the least from the value of emetics administered at any period of gestation. Not only am I fully convinced from practical experience during the last six years of my practice, of the great value of emetics in many cases of threatened abortion; but, would unhesitatingly recommend their use in other affections, *where* indicated, at any period of gestation.

I am frank to confess, that during several years of my early practice, I myself, in common with my medical brethren, entertained my strong prejudices against their employment during pregnancy, but there has been a radical change in my opinions in regard to their effects.

And, why it is, that the medical world, for ages past, have not only discarded, but most emphatically condemned, the use of emetics at any time during pregnancy, I must confess I am unable to explain. And, when we take into consideration the fact, that nature is *continually* pointing to this agent as her *great* restorative, (her accomoderater, as it were, to the gravid state), we are amazed at its opposition. Let us reflect over the vast numbers of women, that are daily vomiting during the early part of their pregnancy (termed moving sickness) and, may we not suppose this to be an effort of nature to overcome some derangement of the economy, which otherwise might interfere with the primitive growth of the foetus. Moreover, do we not frequently meet women who vomit almost continually, for days, weeks, and months while pregnant, and yet the fewest number of these ever miscarry under such circumstances.

I will further state, that emetics in cases of threatened abortion, miscarriage, and premature labor, have, in my practice, acted with more promptness, and with more permanent good results, than every other known remedy combined.

The first case upon whom I tested an emetic, was a lady that came under my care, having aborted three times in succession, in her previous pregnancies, and was now again pregnant, and laboring under symptoms of miscarriage; about ten weeks advanced. Her previous abortions had taken place about the end of the third, or beginning of the fourth month of gestation. She was very much troubled in mind, having so frequently aborted before, and very naturally begged of me to prevent a like occurrence, if in my power to do so. I gave her all the encouragement I conscientiously could, and resorted to all the remedies I thought admissable in such a case; at the same time, enjoining the strictest quietude on her part; but I soon found I could not manage her case, and after two weeks suffering, sometimes better and sometimes worse, she aborted in spite of all my efforts to prevent such a result.

About eight months afterwards, I was called to this same lady again, and found her, as before, laboring under symptoms of abortion, nearly three months advanced. I now confined her to her bed, the most of the time for three weeks, and attended her very close; the symptoms now abating and again augmenting; in the meantime, the mouth of the womb dilated to the size of a silver quarter, and blood sometimes escaping, but not abundant. Finally, after three weeks had elapsed, I was called to her in great haste, and on my arrival found her much worse, laboring under very severe pains, and quite frequent. And, now, having given up all hope of saving the child, I determined to empty the womb of its contents as soon as possible; and, for the purpose of thoroughly relaxing and dilating the os uteri, I left her an emetic composed of ipecac and tartarized antimony, and after telling the nurse how to give it, and telling her I would return in a few hours, I left the house. At the end of about three hours, I called to see her again, and found, upon entering the room, that the emetic had acted well, she having

vomited most thoroughly and freely, some ten or twelve times; but now the vomiting had ceased, and the lady was resting quietly, and free from all pain, every symptom of miscarriage having disappeared; and, from that time, until she was confined and delivered of a living and healthy child, at the full term, she had no more symptoms of abortion; but, on the contrary, was able to be up in a few days attending to her household affairs, which she continued to do until her labor came on. About two years afterwards, this same lady was delivered of another living and healthy child, at the full term, not having been troubled with her previous threatened abortion.

Finding that *the emetic* had such a happy effect in relieving her of every symptom of abortion, (contrary to my expectations, of course), I immediately adopted the same treatment in other cases; and, from that time to the present, I have employed it with the most *remarkable* success, never having found a case where it did the slightest injury. I believe it to be admissible in nearly, if not quite all cases; unquestionably, it is a safe remedy. Yet, an emetic will not relieve every case; where there are malformations of the uterus, or of the foetus, sufficient to interfere with its growth, or to destroy the life of the child, or when it is dead from any other cause, no remedy will be a success. And, again, where the symptoms have been brought about by external injuries received by the mother, or by the passions, such as fear, grief, anger, etc., or from any other cause where the symptoms are ushered in suddenly and very violent, the prognosis is generally unfavorable, and seldom yields to any course of treatment. And, in many of those cases where the mother is suffering from constitutional and hereditary disease, no mode of treatment will give permanent relief. Also, where the hemorrhage from the uterus has been very great, we can seldom expect to preserve the life of the child. But, in these *extreme* cases I contend that an emetic can do no harm; but in cases of alarming hemorrhage, may do much good by depressing the circulation, thereby suppressing the hemorrhage, and, in fact, where we find patients loosing large quantities of blood, the indications frequently are to vomit; it would seem to

be one of nature's modes of relief, for how *frequently* do we see our patients making efforts to vomit under such circumstances. And in all other cases where we have despaired of saving the child, an emetic often has a very happy effect in relaxing the parts so the ovum may the more readily pass out.

But more especially do we find that an emetic is *particularly* adapted to all continued cases of threatened abortion; and the very cases, too, that are so very troublesome and tormenting to the patient, as well as an *intolerable* annoyance to the physician.

Again, we are frequently called to women that suppose they are in labor at the full term, but whose labor will extend to one, two, three, or more days before they are delivered; and in such cases we usually find the os partially dilated with thickness and rigidity also; and are very apt to attribute the tediousness of labor to irregular and insufficient pains; when the truth is, many of those cases have not arrived at the full term of uterogestation. In all such cases I give an emetic, which will, if the full term has been reached, relax, and allow the mouth of the womb to dilate; followed by natural labor pains, which will soon terminate in delivery; else the pains will cease, and the woman remain comparatively comfortable until she has went her full time. I have witnessed many of these troublesome cases, where an emetic relieved all pain and distress, postponing the labor for days, or weeks, and sometimes longer; notwithstanding they believed they were in *real* labor, and said their time was up; when, doubtless, had we drenched them with the various teas so often resorted to in such cases, or gave enemata, and, finally, ergot, or some other emenagogue preparation, we should often have had children born prematurely.

And here I will pause to inquire, or suggest, whether or not this practice of assisting in the premature birth of children (a few days or weeks it may be), is not one of the great and prolific sources of so many infants dying in a few days, weeks, or months after birth. I doubt not, the early decay of millions of children are attributable to this cause alone. I am aware that I am using strong language in this connection, and my only

excuse is, the importance and gravity of the subject under consideration.

I greatly suspect that there are many, *very many*, practitioners of medicine, who, when called to these *so-called* cases of tedious labor, do not diligently examine into the cause, but, amid the hurry of perhaps an extensive practice, proceed at once to bring about the expulsion of the child from the womb, with as little delay as possible, instead of directing their treatment to some dyscrasia of the patient, or to a deranged state of the system. Quite a number of women will sometimes carry their children for days and weeks, and sometimes longer, with the os uteri dilated to a considerable size; and I have known a lady to carry her child for six weeks after the mouth of the womb was *fully* dilated, and yet be delivered of a living and healthy child at the proper time. And I am at a loss to understand how or why it is, that the writers upon midwifery and diseases of women have failed thus far to direct attention, *particularly*, and so clear and forcibly, as to arouse every practitioner upon this subject of unsuspected, but premature labor.

I confess that I am unable to give the *modus operandi* of an emetic in every particular case; but there are many things connected with the practice of medicine, and many phenomena, and changes of disease, which we know to be true, but cannot satisfactorily explain. The manner in which many drugs act upon the economy in overcoming disease, is left entirely to conjecture. The metastasis of mumps from the parotid glands suddenly to the testicles, we know is of frequent occurrence; but why it is, or by what agency the change takes place, we are left to wonder and speculate. So we may say it is with an emetic in many cases of threatened abortion and premature labor; we know the drug acted in some way to relieve all the symptoms, but how it did it we are not so positive, or so well prepared to explain. I have no doubt but the question will arise in the minds of many *how* it is that the remedy in one case will cause the os uteri to relax and permit it to dilate; while in others it will prevent such an occurrence, and destroy all pain. I frankly confess that, as a general rule, it is much

easier to ask than to answer questions correctly. But, in attempting to explain (to some) this seeming inconsistency, we only have to refer to the fact that if the patient be in a healthy and natural condition, the os uteri will relax and dilate in a reasonable length of time, after the symptoms of labor have made their appearance, provided the full term of utero-gestation is reached without the assistance of medicinal agents. On the other hand, should there be a derangement of the health, or a departure from a normal state, is it not reasonable to expect the labor may be abnormal, even *at* the full term? And let us suppose that this unhealthy condition is the cause of a rigid os, and if, in such a case, we vomit the patient *freely*, and thereby overcome this abnormal condition, may we not expect that labor will then proceed in a natural manner. Again, this lady is supposed to be in labor, but lacks a few days or weeks, it may be, of arriving at the end of her full term; yet she is suffering great pain, the mouth of the womb is dilated to a considerable size, it may be the os is rigid and *thick*, and the labor is tedious and protracted. Now, if this unpleasant state of affairs has been brought about by some derangement of the system, and should the effects of an emetic restore the system to a normal condition, may we not confidently expect all the symptoms of labor (premature) will subside.

The same train of reasoning will explain how an emetic may overcome all the symptoms of abortion, miscarriage and premature labor. But, in attempting to discover the *modus operandi* of an emetic in all such cases, its powerful revulsive effects should not be overlooked. It unlocks and restores the secretions, and has a very happy effect in righting up the digestive apparatus, and relieves the distress so much complained of during pregnancy, of sour stomach, heartburn, etc., etc., and tends to regulate the bowels by restoring the secretions. It also has a very decided and happy effect upon the nervous system. But I would not give any woman laboring under symptoms of abortion, an emetic as an initiatory step, but, as a general rule, would first give a *full* anodyne, by which so many are directly and permanently relieved; after which, if the symptoms are not

relieved, or should they return, (the bowels will most likely be locked—a favorable condition for giving an emetic), I would then proceed to give a *thorough* emetic, attend to it myself, and stop its action when I thought proper.

But, finally, in presenting the claims of emetics to the careful consideration of the practitioner in cases such as we have had under consideration, we do not wish to be understood as recommending their use alone to the exclusion of all other remedies, but, on the contrary, many of them are valuable agents when properly administered; even in cases where we give an emetic, other remedies are frequently of great value, some before, and others after an emetic has been given; but of all the remedies to which we can resort, I feel warranted in saying that *thorough* emetics are the most reliable, and, if properly administered by physicians of good judgment, will be to all ladies that desire children, but habitually abort, *an inestimable* boon.

And now, I only ask that the practitioners of midwifery and diseases of women give this subject serious consideration, and *thorough* emetics a full and fair test.

DEC. 2, 1870.

TOBACCO.

Read before the Chicago Medical Society by F. A. Emmons, M.D., Vice-President, Dec. 12, 1870.

Three hundred and seventy-eight years ago Christoval Colon, better known as Christopher Columbus, landed upon the shores of one of the islands of the Bahama group, and found the natives using the weed which we are about to consider.

Tobacco is supposed to have taken its name from the Indian term for the pipe in which it was smoked, or Tobacco, a province in Yucatan, where it was found in great quantities.

It consists of the leaves of the *nicotiana tabacum*, an annual plant indigenous to America, but which is now cultivated in nearly all parts of the civilized world.

The leaves are large, long, and of a pale green color; the flowers are of the same color, expanding above into rose-colored segments.

The leaves, when simply dried, are destitute of the peculiar narcotic and pungent odor which is present in the prepared tobacco.

This quality is developed by moistening the dried leaves with salt-water, and heaping them together in quantities; fermentation takes place, and, during this process the nitrogenous elements of the plant are decomposed and form ammonia, which appropriates a portion of the acid in the leaves, and liberates a portion of nicotia. This last named substance, along with the ammonia, produces the characteristic odor of prepared tobacco.

There are two active principles in the weed, *nicotia* and *nicotianin*. The former is an organic volatile alkaloid; the latter a concrete volatile oil.

It is the *nicotia* mainly on which the characteristic effects of the plant depend. Nicotia was obtained in its pure state about the year 1827, by a number of gentlemen, among whom were Messrs. Reimann and Passelt.

They obtained it by distilling the leaves with potassa or soda.

It is a colorless, transparent liquid, free from oxygen, but it contains a large proportion of nitrogen, it being composed of two equivalents of nitrogen, twenty of carbon, and fourteen of hydrogen.

Cigar-smoking was introduced into Spain at an early date, the custom having been brought over by companions of Columbus, who had acquired the habit from the natives of the West India Islands on their discovery in 1492.

John Nicot, (from whom the *nicotia* takes its name), Sir Francis Drake, and Sir Walter Raleigh were more particularly influential in introducing tobacco into Europe in the latter part of the sixteenth century, and, by their efforts, it was more prominently brought before the crowned heads, who encouraged its culture, and soon became addicted to its use.

This habit spread throughout the continent among all classes. Its cultivation has increased until it is a staple product of the country, and the demand for it is nearly equal to that of coffee and sugar, and it is apparently as indispensable, as is evinced by the orders of the war and navy departments of our own na-

tion and of England, it being issued with the rations of subsistence.

As a remedial agent, tobacco has been used with considerable success in a number of diseases, among which the following are the more prominent: Nervous cough, whooping-cough, spasmodic cough, epilepsy, dropsy, intussusception, spermatorrhœa, constipation, strangulated hernia, and tetanus.

In the treatment of *tetanic spasm*, this remedy is considered second to none at our command, unless it be opium and *calabar bean*.

In strangulated hernia, there appears to be no remedy better adapted to a thorough relaxation of the system, permitting an easy reduction of the tumor after other remedies have signally failed.

It is undoubtedly a valuable agent in constipation when there is a torpid condition of the bowels, superinduced by a loss of the secretory power of the glands.

It has its advocates in consumption, asthma, and all forms of spasmodic cough, neuralgia, spermatorrhœa, epilepsy, and various nervous diseases.

Experiments upon animals go to prove that its *active principle*, when administered internally or endermically applied, acts as a virulent poison, producing death in a very few moments.

Primarily in its action, it lowers the circulation, quickens the respiration, dilates the pupil, and excites the muscular system. Ultimately, the pupils become contracted, the respiration slow and labored, with trembling of the limbs, and faintness, retching, vomiting, convulsions, and, finally, paralysis of the brain and motor nerves.

When it is gradually administered, there is general debility and exhaustion, both of animal and organic life, loss of hair and the venereal powers, sloughing of the eyelids, and total blindness.

After death the blood is found to be deficient in fibrin and red globules.

The mucous membrane of the mouth, nose, and trachea are found softer, more tumid and vascular than usual.

The action of *nicotia* upon the human subject is not unlike that upon the inferior animals. In small quantities, it produces irritation of the fauces, and œsophagus, with abundant salivation; there is a general excitement of the brain, and nervous system, with headache, burning sensation on the tongue, and in the stomach, which soon penetrates the entire system. The mind becomes dull, and the individual remains in a drowsy, listless condition, with a sense of heaviness in the head. There is indistinct vision, and dilatation of the pupils, the eyes being peculiarly sensitive to the light.

The hearing becomes affected and the respiration frequent and laborious, with a feeling of oppression, and accompanied by dryness of the throat.

As the effect increases, signs of debility and exhaustion become more marked; the head cannot longer be held erect; the face assumes a death-like palor; the features are relaxed, and the extremities become cold—the chill gradually extends to the body.

These symptoms are followed by complete loss of consciousness; the respiration is now short, hurried, and incomplete, accompanied by trembling of the limbs; marked rigors, and severe spasms; the pupils become contracted and the sphincters relaxed.

The symptoms become alarming, and death may supervene by paralysis of the respiratory nerves.

Discontinue it, and there is a subsidence of the symptoms, and a gradual return to health.

Let us turn our attention for a few moments to the consideration of the effects of tobacco upon the system in a more general sense.

It must be admitted that tobacco, employed in any manner, has a powerful effect upon the nervous system. The effect is regulated by the amount used, the method of introduction, and by the peculiar idiosyncrasy of the individual.

Persons with an out-door or purely physical employment, are not so visibly affected by its use; indeed, it is often positively beneficial, when used with moderation, to persons exposed to a malarious or contagious atmosphere.

But in individuals of slender form and sedentary habits, and those of a nervous temperament, especially in early life, the effect is very marked, with an undue nervous excitement, sleeplessness, loss of flesh, and general debility. The effect is, no doubt, produced by its influence upon the system, the brain, or more particularly, the *medulla oblongata* and motor nerves, and manifests itself through the nerves of respiration and the sympathetic system, producing all the long train of symptoms found in those persons addicted to its extravagant use.

The influence of tobacco upon the system in the quantities and manner generally employed diminishes the amount of feces, lessens the amount of urea and chlorine, and *increases* the amount of free acid, uric acid, phosphoric and sulphuric acids, eliminated through the kidneys.

The sedative effect of tobacco upon the nervous system, and the general prostration produced by its use, is counteracted in a great degree by resorting to stimulants; hence the youth just ripening into manhood, commencing the use of the weed in order (as he thinks) to make himself manly, frequently indulges for the first time in the use of alcoholic stimulus, to counteract the effect of the tobacco, and it thereby often becomes a source of intemperance.

Yet, however much we may be opposed to intemperance, no doubt the use of alcoholic stimulus in some form should be encouraged in those persons addicted to the extravagant use of tobacco, if unable or unwilling to discontinue it—for alcohol, undoubtedly modifies the deleterious effect of tobacco upon the nervous system.

To my mind, some national characteristics are undoubtedly produced by the peculiar manner of its employment.

We are a nation of tobacco-chewers from early youth to old age; the *quid* finds its abiding place in the mouth of the American, and the attendant evils of every form of dyspepsia are plainly traceable to its use.

But if chewing is specially an American custom, so equally is smoking a German characteristic, and its effects are quite as plainly observable.

If chewing superinduces dyspepsia, and has, to a degree, rendered us a nation of dyspeptics, the abundant use of the cigar and pipe, and the studious habits of the Germans have made them a glass-wearing people.

The German student pursues his labors and whiles away his hours of recreation in a cloud of tobacco-smoke and finds his eyes need *aids*, which even spectacles too often fail to afford.

In conclusion, then, considering that the evil effects of an habitual or excessive use of tobacco *far outweigh the benefits which confessedly appertain to its moderate consumption under favorable and exceptional circumstances*, I would ask if it does not behoove us, as the medical advisers of the people, to discountenance the use (excepting only as a therapeutic agent) of an article whose active principle is second only to *prussic acid* in its rapidly destructive effect upon organic life.

MALPOSITION OF THE HEAD AS A CAUSE OF DIFFICULT LABOR.

Cases from the Note-Book of ROBERT ROBSON, M.D., New Harmony, Ind.

CASE I.

On the 6th of January, 1868, I received an urgent message from Dr. V., in a case of obstructed labor, which he had been called to see in Canton Township, and, in which, from the extreme violence of the uterine action, he feared rupture of the uterus, if the head was not soon extricated. It was the woman's third labor, her previous ones having been natural, and in every sense favorable. In this instance, symptoms of labor had come on the evening before: the pains had been feeble during the night, but towards day became very active, and at 7 o'clock the head was pressing upon the perineum to such a degree that the expulsion of the child was momentarily expected, but there it remained without any advancement whatever when I arrived about 11 o'clock, although the uterus had been, during the whole of the intervening four hours, acting incessantly, and so

powerfully, that its rupture was with some reason apprehended. On examination, I found the perineum and soft parts protruded by the head, they were unusually relaxed and yielding. I could pass my finger quite easily between it and the symphysis pubis, but at the sides there was no room—it seemed thoroughly wedged—the head lay transversely across the outlet of the pelvis, with the occiput resting against the tuberosity of the right ischium, and the forehead against the left; the head in such situation presents to the outlet the greatest possible dimensions which it is capable of assuming; its longest diameter resting its extremities on the opposite tuberosities of the ischia, while, at the same time, the parietal bones rest on the lower part of the sacrum and coccyx. Under such circumstances, the action of the uterus, however vigorous, seems totally incapable of effecting the delivery; the head could easily be raised into the cavity of the pelvis, but the next pain would force it back to its resting place. Under these circumstances, I proposed manual rectification of the displacement evidently existing, as I had done on similar occasions before, and having applied my two fingers along the sides of the forehead and parietals, I raised and pushed it backwards toward the right sacro-iliac symphysis, during the interval between the contractions of the uterus; I there retained it, and on the accession of the next two or three pains, I repeated the pressure backward, when soon afterwards the delivery was completed by the birth of a large, healthy-looking child.

It may be taken for granted, I presume, that every physician that has been engaged in obstetrical practice for any length of time, must have met, from time to time, with cases in which, while everything seemed favorable, and the labor apparently progressing to a desirable termination, when the head has become suddenly stationary in the cavity of the pelvis, and there remained for hours, or, perhaps, until a necessity has arisen for adopting instant means of delivery. The immediate cause of this species of arrest of labor, I am somewhat fearful is not as generally understood as it should be, though it requires only an intimate acquaintance with the mechanism of labor, and the

exact relation which the different parts of the child's head bear to those of the pelvis during the progress of labor, and their application to practice; with such knowledge, we should, undoubtedly, often remove difficulties by means easy, safe, and effectual, instead of resorting to the use of instruments, the application of which, however skillfully used, expose more or less both mother and child to danger.

Some very excellent physicians, are unquestionably deficient in the practical knowledge of difficult parturition, and it undoubtedly arises, certainly not from any want of capacity, but from an aversion to this special branch of medical practice.

RECTO-VAGINAL FISTULA.

CASE II.

Mrs. B., living in the town of New Harmony, having discharged her physician, sent for me in October, 1866.

On my arrival, I found the patient in the utmost distress imaginable, both mentally and bodily; the contents of the bowels passing per vagina, and attended with the most disgusting odor. After investigating the history of the case, I proceeded to place the patient in a proper position for examination; the parts being previously thoroughly cleansed. I then proceeded to introduce a Record-speculum, after removing one blade and the obturator, a light was brought to bear on the crown portion of the instrument, when the fistula, or communication between the rectum and the vagina became distinctly visible. The bowels having been freely opened before my arrival, I proceeded carefully to apply the argent. nitras to the edges of the perforated portion of the vaginal septum, after which, being aware of the very striking pathological distinction between mucous and serous surfaces, and the great difficulty of healing them when abraded or inflamed, I placed a wide slip of lint smeared with balsam copaib. carefully over the fistula to guard against the presence of mucus. The difficulty of healing, in such cases, does not arise so much from peculiarity of structure, as from the circumstance of the presence of mucus, which will not mix or amalga-

mate with the fibrin of the blood, and, therefore, prevents the formation of that bond of union which is essential to adhesion.

It is well-known to some, that the mucous discharge which is constantly running over the breach of continuity, is the cause why these injuries are so difficult to heal.

From the happy termination of the above case, the patient recovering in ten or twelve days, her evacuations passing the regular way, I have but little doubt the treatment will be found successful in lacerations or abrasions of mucous surfaces generally.

Throughout the whole treatment, the patient was sustained with small potions of liquid diet, and the bowels maintained in comparative rest.

MONSTROSITY.

CASE III.

On the 8th day of October, 1868, I was called to attend on Mrs. A., of Bishell township, Posey Co., the wife of a respectable farmer, and the mother of two lovely children. She had reached the full term of pregnancy. She was in labor on my arrival, the head presenting, her pains natural and effective, and, after a few hours, she was delivered of a living male child, of ordinary size, which, after a few respirations, expired. On examination, the posterior and superior portion of the brain was found soft, and covered only by the scalp, the parietal bones only partially ossified, and the entire os occipital wanting. The inferior extremities were also defective; the right was perfect, while the left terminated at the inferior portion of the femur, which was enlarged, forming a somewhat analogous appearance to the opposite knee-joint, and from which projected a foot, perfect in structure and of the same size as its fellow.

Such, and similar cases to the above must necessarily fall into the hands of every practising physician of long standing, and are, unfortunately, passed over by many without apparent notice or remark, either unwilling or too busy to spend time in the acquirement of pathological anatomy, which alone can ena-

ble them to detect the various morbid derangements of any, or of all the parts of the system; to trace their origin and explain the processes by which such monstrosities are produced. It is well known that many attribute much influence over the growth of the foetus in utero to the imagination of the mother, something for which the mother has longed without being able to get it, or to some fright or object of terror, which is supposed to disturb the natural process of gestation, and mark the unborn child, etc. Such impressions are prevalent among the more ignorant portion of the people, and, unfortunately, some physicians of the present day entertain such antiquated notions. The perversions or lesions of nutrition, their metamorphic changes, etc., are, by such persons seldom thought of in reference to morbid alterations of structure, or monstrosities. Irregularities, or deficiencies of nutrition are often consequent on the distribution of the arteries and nerves in the embryo child; for wherever healthy blood is sent, accompanied with the necessary nervous stimulus, nutrition must be accomplished and the foetus perfected, whereas any excess or deficiency of either must result in deformities.

Some one of our distinguished authorities, (I do not recollect who), maintains that monstrosities are connected with, or consequent upon, deficient parts of the nervous system; that with the absence of any nerve there is connected the absence of the organ to which the nerve belongs; and with the imperfect formation of any part of the nervous system, there is deposited the imperfect development of the organ which it supplies. If I am not incorrect, that same authority maintains that the nervous system is the first existing apparatus in the formation of the foetus, and regulates the formation of the embryo, and determines the form. If these views are correct, we can have no further difficulties in accounting for monstrosities.

PLACENTAL DISEASES.

CASE IV.

I was called to attend on Mrs. D., of Lynn township, Posey county, in her labor some time since, when, on my arrival, I ascertained that she had been in labor nearly six hours, and was much exhausted. Her pulse was rapid, rather small and weak. She complained of much pain and irritation of the whole uterine region, but, notwithstanding her labor pains were very inefficient, not more than every third pain apparently doing any good, she was delivered, in four hours after my arrival, of twins, one of them being a living, healthy-looking boy-child, and the other dead and in a state of putrefaction. The placenta belonging to the living child was of a healthy and firm consistence, while that of the dead child was apparently a cartilaginous mass, some portions of which were thoroughly ossified. During an obstetrical practice of about forty years, I have seen similar conditions of the placenta. In cases of this kind, the cause of death in still-born children is seldom inquired into, and there is, perhaps, no branch of pathology involved in greater obscurity than that connected with the foetus and its appendages in utero. Death is generally attributed to some disease affecting the child itself, neither understood or sought after, or else to a separation of a part or the whole of the placenta from the surface of the uterus. It is seldom that the condition of the placenta itself is examined, and as seldom that the child undergoes any inspection. That the placenta is liable to disease like every vital part, is abundantly proved by the fact that a part is not unfrequently found converted into cartilage. It may fairly be inferred that the placenta is subject to other diseases, and that these diseases must frequently be the cause of the death of the foetus, and of much suffering on the part of the mother. It is, perhaps, true that very few cases are attended with any difficulty, and that a certain scientific delivery of the child will generally secure a safe and prompt expulsion of the secundines, but this surely is no

reason why the diseases of the placenta should not be more minutely and scientifically examined, since it is only by viewing these subjects as presented by different practitioners, and under many phases, that we can hope to acquire knowledge of the confused and irregular operations of nature.

What morbid process or modification of nutrition the placenta undergoes before it is converted into bone, I am not prepared to say, though no doubt it succeeds much irritation or increased vascular action of the part implicated; yet in the above case no morbid action, or cartilaginous or osseous transformation was felt or suspected up to the time of the expulsion of the placenta.

ON SULPHATE OF MORPHINE AND ERGOT AS PARTURIENTS.

CASE V.

SULPHATE OF MORPHIA.—I have had frequent occasion to administer this article in labor, in cases of nervous irritability, with a view to its anodyne effect, when it has resulted in producing effects similar to the *Secale Cornutum*. Time after time I have realized this result. It is my impression that its *modus operandi* is to cause an increased irritability of the excito-motory nerves. I have used it in the absence of the pulv. ergotæ with equal success.

Dr. John Beal, of this place, for several years a practitioner, states that he has often witnessed the parturient effect of sulph. morphine, when its anodyne property was both desired and anticipated. We think that the parturient effect of this article must undoubtedly have been noticed by others, and we should like to hear from them on the subject. Such a property in the sulph. morphia would undoubtedly account for the many failures in the prevention of abortion where opiates have been given.

ERGOT.—Much has been written in reference to the deliterious consequences resulting from this article, when employed to facilitate labor.

I have had occasion frequently, during a large obstetrical practice of forty years in this locality, to use the pulv. ergotæ with a view to the expulsion of the fœtus, or to expel the hydatiform masses developed in the cavity of the womb, and, strange as it may appear, have never realized any bad results from it. I have never administered it before the os uteri was considerably dilated and the external parts relaxed, but most assuredly, wherever it acted at all, the termination of the labor was all right. I have been the more astonished at this, as I am aware of the abundance of testimony in favor of opposite results. I have often administered the article and repeated the dose without any effect on the uterus having followed, and therefore concluded that either the medicine was inferior in quality or the constitution of my patient was not susceptible to its action, yet, at other times, I have given the same ergot, when soon after, the pains would be severe and continuous until labor was completed, making it evident that some constitutions were not susceptible to its impression.

Some physicians doubt the efficiency of ergot in producing contractions of the uterus.

That the failure of this article in numerous cases, is attributable, either to the inferiority of the article used, or the want of susceptibility of the patient to its impressions, is very evident to me. That it acts promptly in many cases is also evident from the very different character of the labor-pains from those of ordinary labor—the one severe and continuous—the other more regular and intermittent. The failure of ergot, is, undoubtedly, often attributable to its inferior quality. While in England I witnessed its growth, and know that it is effected by a variety of causes influencing the season; a moist or wet spring and summer facilitates its growth, while a dry autumn secures its activity. If collected before the harvest, it was considered very energetic, and possessing the property of promoting uterine contractions, as well as preventing uterine hemorrhage; whilst that which was picked after harvest had little or no activity. This may explain, in some degree, the great diversity of opinion in reference to the reliability of this article.

Clinical Reports.

CHRONIC HYDROCEPHALUS.

Clinic by Prof. N. S. DAVIS. Reported by F. H. D.

MERCY HOSPITAL, *December 8, 1870.*

This little child has been brought in for your inspection to-day, as presenting a very good example of chronic hydrocephalus or dropsy of the brain. The entire head, you perceive, is enlarged to nearly twice the normal size, the bones being widely separated at the sutures. The occipital bone forms a firm fixed base, while the upper part of the cranium, yielding easily at the ununited sutures, gradually enlarges as the effusion increases. There is a peculiar bulging appearance of the eyes, caused by the pushing forward and downward of the frontal bone, decreasing the orbital space, thus crowding the eyeball outward and turning the axis of the eyes somewhat downward. The scalp is quite tense over the separated sutures, and the fluctuation very distinct upon pressure. The general nutrition of the body and limbs, is better than is usual in these cases.

This child is now about a year old. Its head was first noticed to be enlarging after an attack of fever, accompanied by derangement of the stomach and bowels, which occurred when it was three months old. The enlargement had been progressing about a month when the case was first brought to my office. From the rapid rate at which the disease was progressing, I judged that the child would live but a short time. It was, however, placed under treatment, and seen several times at short intervals. I then lost all track of the case, and supposed the child had died. A few days ago, however, it was again brought to me in the condition in which you now see it. During the interval since I had seen it last, the mother stated that it had been kept constantly upon the treatment that I had directed last. The size of the head has increased some, but the enlargement has not been so rapid or extensive as is usual in these cases.

The cases of chronic hydrocephalus may be distinguished into three classes. The first class includes the cases in which the disease is congenital. The child, in these cases, usually lives but a few days, although life may occasionally be prolonged for several months.

In the second class of cases, the child is apparently healthy at birth, and continues so until between the second and third months. It is then attacked with acute symptoms of restlessness and crying out in sleep. The discharges from the bowels are variable in character, frequently of a greenish color. Vomiting is frequent if the child is raised up. These symptoms continue for two or three days, when there supervenes an attack of convulsions, and the child will now be found to be laboring under all the symptoms of effusion on the brain. Previous to the occurrence of the convulsions, the pupils are usually contracted; after their occurrence, however, the pupils will be found to be widely dilated, and a want of co-ordination will be noticed in the eyes, the axis being turned in different directions. There may be but a single attack of convulsions, or they may be repeated several times. Some cases terminate fatally in a very short time; the fever increasing, the pupils becoming more widely dilated, the face pale, and coma and death supervening.

In young children, where the sutures are still ununited, the head easily expands as the exudation increases. The inflammatory stage and active symptoms then pass off; some restlessness and starting in sleep continues. The child cannot hold up or steady the head well. The muscles of the extremities are also weak, so that it cannot stand. The parents may, very likely, suppose for four or five weeks, that the child is improving and getting well, considering the debility and muscular weakness as merely the effects of the previous disease, but as time passes on the head is observed to be enlarging, the urine is scanty and the bowels deranged, passages variable in character. In two or three months the head will sometimes have attained the size of this one.

The third class, of which the case before you is a very good example, are of more obscure origin. There are no active

symptoms to commence with. Slight fever and restlessness, the stomach and bowels deranged, and urine scanty as in the other cases. The child acts as if in pain every time it is moved; no convulsions, however, supervene. In six to ten days the fever disappears, and only slight derangement of stomach and bowels remains, the food frequently passing through undigested—occasionally the bowels are constipated. In this way they will continue for perhaps a month, when it is noticed that the head is enlarging and the child is growing weaker. It cannot hold up the head, and is averse to the upright position. The surface generally is pale, the veins passing over the head are enlarged and blue. When the head is examined the sutures are found to be wide open. The intelligence is apparently unimpaired, there is generally considerable weakness of the extremities, so that it cannot stand, or attempt much use of his legs.

The pathology of this disease, except in the congenital cases, seems to consist of a low grade of inflammation in the pia-mater and arachnoid membranes. Hereditary tubercle frequently forms the starting point of the disease. When not traceable to this tuberculous origin, it usually originates from simple sub-acute inflammation. The inflammatory stage lasts but a short time. The effusion, however, continues.

The large majority of these cases terminate fatally, although some of the children live for a considerable time. In a case to which I directed the attention of the class some years ago, the child had lived to be four years old. The head had expanded until it had become heavier than all the rest of the body, and the child could not be supported in an upright position for even an instant without fainting. Another case, about the same age as this one, was brought before the class last winter, and was placed under treatment, although without any expectation of a favorable result. It soon began, however, to improve, and continued to progress favorably for three months, when I lost sight of the child, and do not know whether it finally recovered or not.

Treatment.—The books give no encouragement for the treatment of these cases. There are two methods, however, that

have been proposed, the one surgical, the other medical. The late Prof. Brainard was one of the first, I believe, to attempt the cure of these cases by the insertion of a small trochar, allowing a little of the fluid to escape, and then injecting a weak solution of iodine and iod. of potass. into the cavity. The theory was, that the contact of the iod. with the surface of membranes would stop further effusion. Some considerable disturbance, nervous twitching, etc., were produced at the time of the injection. These symptoms passed away in a short time, and no further effects were manifest from it. In one case, I think, he repeated the injection as many as six or seven times. No case of successful result from this operation has, however, been recorded.

The objects that I have attempted to accomplish by treatment in these cases has been; first, to allay the morbid excitement of the cerebral structures, and, second, to exert a gentle, persistent, and long-continued alterative and diuretic influence, avoiding carefully any impairment of the digestive organs. I have succeeded in accomplishing these purposes by the following prescription:

R_x Fl. ex. scutellaria ʒ ii.
Tinct. digitalis, ʒ ss.
Iod. potass., ʒ ij.
Fl. ex. hyosciamus, ʒ ss.

M.

Dose, 20 drops; four times a day, in sweetened water.

If the digitalis is found to be exerting too much influence, the dose must be diminished.

Mercurials are of no advantage in the chronic stage. During the early inflammatory stage, mercurials, combined with mild laxatives, might check the progress of the disease; and if promptly followed by efficient doses of the iodide of potassa, any considerable effusion would be prevented, except in such cases as are complicated with tubercular deposits. If effusion does take place, and the case becomes chronic, it will be better to unite the iodide with the digitalis, scutellaria, etc., as in the formula already given to you.

SUB-ACUTE RHEUMATISM.

Clinic by PROF. DAVIS. Reported by S.

MERCY HOSPITAL, *Dec. 16, 1870.*

This patient came here a week ago to-morrow; had been sick nearly a week previous. On admission, was laboring under a well-marked sub-acute form of rheumatism, complaining more of his lower extremities; knees and ankles swollen; quite painful and helpless. The inflammation then moved to the upper extremities, involving the elbow and wrist, first of one side and then the other, producing considerable swelling and pain, which was aggravated on movement.

On admission, finding with the above symptoms considerable fever and a harsh cough, he was put upon a solution of

R. Muriat ammonia, ʒ iii.
Tart. ant. et. pot., 2 grs.
Sulph. morph., 3 grs.
Syrup liquorice, ʒ iv.

Given every four hours, alternately with a powder, consisting of Dover's powder 6 grs., bi-carb. soda 6 grs., hydrarg. chl. M. 1 gr., it being intended that the Dover's powder should be sufficient to prevent the calomel and soda from acting as a cathartic, while the two latter would exert an alkaline and alterative effect. I supposed, also, that the morphine contained in the muriate of ammonia mixture would aid the Dover's powder in allaying the irritation of the bronchial tubes, and, in conjunction with the tart. antimony and muriate ammonia, would be likely to give relief to the soreness in the chest. Continued this treatment four days, during which time the cough improved, the pain in the chest was relieved, and the pain and swelling in the extremities subsided. Thinking the calomel had been taken as long as was judicious, I directed it to be left off, and to give the Dover's powder and soda alone alternately with the ammonia mixture, but yesterday a pretty active disturbance of the bowels had supervened, with decided diarrhoea, pains in the abdomen, and sickness at the stomach. It

was not easy to attribute this to the action of the medicine, as I had already left out the calomel, which was about the only thing that would operate as physic, the muriate ammonia mixture generally constipating the bowels, unless combined with some laxative to maintain regularity.

I also noticed at this time a decided development of jaundice indicated by a distinct yellowish hue of the skin and conjunctiva. I attribute the diarrhoea to some irritation affecting the mucous membrane lining the hepatic duct, as well as the mucous membrane of the intestine. Ordered the ammonia mixture to be continued, and in the place of the powder substituted another, consisting of Bismuth subnit. 6 grs., soda bicarb. 6 grs., and morphia sulphas $\frac{1}{4}$ gr.

To-day the bowels are more quiet, the color of the skin much improved.

Last night and to-day he has a little rheumatism in his wrist and hands; I would direct that the ammonia mixture be now restricted to a single dose morning and evening, and give the powders every three hours, so as to get more of the influence of the soda and Bismuth upon the system, and less of the ammonia mixture, which is now not so much needed.

If the bowels continue to be quiet and the yellow hue of the skin disappears, he might have a tablespoonful of the following solution every four hours, so as to get a more efficient action of the kidneys. The morphine in the powders would prevent the pot. bitart. from having too much action upon the bowels. The solution consists of the following:

R $\bar{y}$ Potas. bitart., $\bar{3}$ ij.
Potas. acetat., $\bar{5}$ iv.
Aqua dist., $\bar{3}$ viij.

M.

DEATH FROM CHLOROFORM.—O. K. Grant, of Brunswick, Me., about 40 years of age, and of late a clerk in the Census Bureau in Washington, died suddenly Monday, from the effects of chloroform, which had been administered by Dr. —, one of the ablest surgeons in that town, preparatory to an examination.

Correspondence.

DIPHTHERIA.

BIGGSVILLE, ILL., Dec. 10, 1870.

PROF. DAVIS—*Dear Sir:* There has been an epidemic of Diphtheria in this place and surrounding country, and I thought perhaps you would like to hear something in regard to it. It commenced here Sept. 20, and has prevailed up to this present time. The first case that occurred, a little girl 7 or 8 years of age, was violent from the start. She was taken with chill and violent fever, and followed within an hour or two with dyspnœa, tonsils and fauces covered with the usual white exudation; pulse rather full and frequent. The fever gradually cooled down, and in two or three days was nearly "gone"; but the dyspnœa remained for near a week. This case, however, was not a fair specimen of what followed. The next two cases occurred soon after, and had but little fever from the commencement to the close. In fact, if it had not been for the dyspnœa that came on the second or third day, with the weak and frequent pulse, there would have been no seeming cause for alarm.

It was only after the dyspnœa had increased to an alarming extent, that my partner, Dr. McDill, was called—too late to do any good; the disease had already done its work. The youngest died, and the oldest, after remaining speechless for some time, gradually recovered. In the meantime, two children (twins) nursing at the breast, took it, one after the other, and both died.

The next case that proved fatal was the youngest child of my partner, a little girl not 2 years old. In this case, as in the second that took it, the disease came on so stealthily, that its march was scarcely manifest until croupy breathing indicated the false membrane was down on the vocal cords. In about 48 hours after this hoarse breathing, the child was a corpse, notwithstanding the ablest medical counsel from Monmouth was called in.

From this, cases occurred in various parts of the town, and gradually appeared here and there in the surrounding country. The farthest case in our practice, (and there has none occurred around us), was nearly six miles away from town. The cases happening in the country invariably got well. The epidemic influence, whatever that was, would seemingly lie dormant by spells, there being times from its commencement in September when there would be no cases on hand; and what is generally the case with other epidemics was not the case with this, *viz.*, other epidemics commenced with fatal cases and shaded off quite mildly towards the last; this assumed the malignant form almost from the outset, then gradually shaded off to the mild, and seemed to have died out, when week before last a fatal case occurred, and then another in quick succession.

At the present writing, there are no bad cases, and but few of any kind. The sufferers have been principally children, not more than 3 or 4 adults, so far as known, having taken it, and they had it in its lightest form.

As to the sequelæ, but little after-effect was produced. In one instance, a large abscess of one of the posterior cervical glands occurred. One case that proved fatal was complicated with purpura.

With but few exceptions, in those cases that occurred after the disease had reached its maximum, the patients speedily got well. One fact I took notice of was, that when the disease commenced abruptly, with a high grade of fever, even though there was slight dyspnoea connected with it, the patient invariably got well, while in most instances where the disease came on slowly, with but little fever, the white patches gradually extending, then hoarseness, the case would end fatally.

In regard to the treatment; while physicians in various parts of this country and Great Britain have occasionally grown enthusiastic over certain courses of treatment, we have nothing to add to the already superabundant number of remedies; neither are we at all enthusiastic over the results of different forms of treatment, for we have tried several.

When we were satisfied that the exudation had reached the

lungs, and, perhaps, in some instances, only the trachea, we found with but few exceptions, that the different forms of treatment were unavailing.

The time-honored chlorate of potash, iron and quinine treatment seemed to do as well as any other; although in some instances where the patient could be got to inhale right, inhalations seemed to do good.

The inhaling material we generally used was after this formula:

R_x Iodine, gr. iv.
Idodide potassia, gr. iv.
Alcohol, ʒ iv.
Water, ʒ iv.

M.

A preparation of vinegar and sage was then made, *viz.*, a handful of sage was put into a pint of vinegar, which was brought to the boil in a vessel, and then put into a china or earthenware teapot, previously heated. A teaspoonful of the first preparation was then put into it, and the spout of the teapot was either placed at the child's mouth or nose, and the inhalation commenced. In the meantime, a lamp of some description was held under the teapot, to keep the fluid in it constantly boiling. The inhalations were repeated every few hours, and occupied, perhaps, on an average, ten minutes. We have never used inhalations alone, but only as an adjunct to other treatment, and only used it where there were symptoms of the trachea or lungs being affected. Where the child took it kindly, when there was dyspnoea, and where the preparation was rightly used, benefit seemed to follow. The great trouble, however, was to get the little patients to inhale; some could not be induced to inhale; and this is one reason why I write you this account. Is there any inhaling apparatus that can be used on infants and children in spite of their efforts to the contrary? The common apparatus with a mouth-piece for adults will not do much better than the teapot. If you know of any new apparatus that you could recommend, we would be much obliged for the information. It seems to us that medicated inhalations in bad cases

where the membrane extends into the lungs, along with other constitutional treatment, is the rational way of treating the disease.

Any new method of treating this disease that you can give us would be thankfully received.

Yours, truly,

D. J. McMILLAN.

SCIENCE VS. THE SENSES.

It has always been the office of science to separate that which is from that which only *seems*.

On the trial of a mal-practice case in the District Court of Clayton County, Iowa, in September last, an interesting contest arose between "liberal science" and the senses of plain, common people.

The alleged mal-practice was in the treatment of a fracture of both bones of the plaintiff's right forearm, at a point about four inches from the wrist.

The defendant was a "liberal and progressive surgeon," who, after the commencement of the suit, spent a few weeks in Chicago, in connection with a celebrated medical school of that city. It was but natural that the defendant should draw around him other gifted and liberal minds of his profession. Prominent among his new friends, was one R. A. Gunn, M.D., Professor of Surgery, Bennett Medical College, and one of the editors of the *Chicago Medical Times*, who, ever ready to sacrifice personal comfort in behalf of science, volunteered to be present at the trial in person, to assist the persecuted defendant by his testimony as an expert, and by his counsels as a friend.

On the trial, an inquiry was made touching the position of the injured arm during the treatment. The plaintiff, his wife, and some of his neighbors, testified that the hand was nearly prone when the dressing was first applied, and that it remained so during the subsequent treatment.

To rebut this testimony, the learned Professor was called to the witness' stand, who testified, in substance, "that if the hand were prone before the dressing was applied, it could not remain so one moment afterwards; that the ordinary pressure of the bandage required to fasten the splints, would inevitably change the hand from a prone position, to a position midway between pronation and supination, and that this result would follow whether the bones were whole or broken."

To demonstrate this theory to the jury, the learned Professor produced the bones of a man's forearm, the continuity of which had not been disturbed. These he placed in the relations which they assume in the living arm, where the hand is prone, the one crossing the other obliquely and then by a slight pressure near the upper end, the one was made to slip down by the side of the other, leaving them as nearly parallel as the shape of the bones would permit. The learned Professor, then very clearly showed, that in the living subject these bones are only parallel "when the thumb is up," and again drew the conclusion that the stupid witnesses for the plaintiff must be mistaken.

One of the attorneys for the plaintiff, however, unwilling to accept the situation, requested the learned Professor to use the living arm for the purposes of the demonstration, instead of those "naked bones tied together with a string." The proposition was promptly and cheerfully accepted, and for the experiment the learned Professor took the arm of the attorney who made the request. Placing the hand in a prone position, the Professor, applied, instead of pasteboard splints, two books, extending from the wrist nearly to the elbow, and, instead of the roller, he used his hands to give the necessary pressure. To the educated and professional reader it is unnecessary to say, that the hand instantly and "inevitably flopped up" into the desired position, but as the jury, country doctors, and other witnesses of the experiment, were plain, uneducated folks, with no guide but their senses, they *couldn't see it*. To them the position of the hand seemed altogether unchanged. The learned Professor, noticing this defect of their vision, attempted to change the apparent result by increased pressure on the books.

Still failing to change the appearances, he made one more desperate effort in behalf of liberal science, by a violent attempt to turn the hand in the position desired. Failing again, he quit the contest, assuring the jury "that the thing would work" just as he had stated, but the "inevitable mechanical result" had been prevented by the wicked will of the subject whose arm he had used. The learned Professor, of course, knew that the thing *had worked*, and he cunningly made this admission to the contrary, because it was too evident that the ignorant jury could not be made to doubt the testimony of their own eyes, and that the cause of truth, as well as the interests of the defendant, required a solution that would be satisfactory to them. That the learned Professor knew that the difficulty was in their vision, and not in the will of the subject, is evident from the fact, that when it was proposed that the experiment should be repeated on the arm of one of the defendant's own attorneys, or on the arm of one of the jury, the Professor gracefully declined.

It would be difficult to say too much in praise of the course pursued by the Professor during this trial. While the country doctors appeared only in obedience to the imperative process of the Court, and then took back seats, apparently indifferent to the result. The learned Professor not only volunteered to vacate his chair in Chicago, during this long and tedious investigation, but from the beginning to the close, he was seated within the bar, in close proximity to the defendant and his counsel, never failing to manifest his zeal for science by suggesting profound questions to be put to witnesses, by taking notes, and by smiling, frowning, or winking, as the changing circumstances seemed to demand.

Let no friend of "liberal and progressive science" be discouraged in consequence of any temporary defeat. Be patient and labor on. It took courtesies to convince the ignorant masses that the sun does not make a daily journey around the earth.

JUSTICE.

Selections.

SYPHILIS OF THE NERVOUS SYSTEM.

Dr. E. L. Keys read, at a recent meeting of the N. Y. Med. Jour. Association, portions of an extended and important paper upon this subject, based upon the clinical observations of thirty-four cases. It appears in full in the current number of the *New York Medical Journal*. We have space only for the summary of its conclusion:

1st. That nervous symptoms depending upon syphilis may arise within the first few weeks after contraction of an infecting chancre, or at any period later during the life of the individual.

2d. That it is presumable, from the study of published autopsies, that the earlier a nervous symptom (paralytic or otherwise) occurs, the less likely is there to be any material lesion which an autopsy can reveal; and that in a given case there exists no constancy of relation between the nature, the situation, and the severity of the lesion, and the nature, situation, and severity of the nervous symptom to which that lesion may give rise.

3d. That cerebral congestion is probably the pathology of many of the earlier nervous syphilitic symptoms.

4th. That syphilitic hemiplegia occurs, as a rule, without loss of consciousness even when the attack is sudden, but that the paralysis usually comes on gradually, the patient being under forty years of age, and having had fixed, constant headache for some time before the attack.

5th. That mydriasis existing alone or with other nervous symptoms, without positive disease of the eye, is presumptive evidence of syphilis.

6th. That paralysis of single muscles or sets of muscles are frequently syphilitic.

7th. That syphilitic paraplegia generally comes on gradually, often without any local symptom to call the patient's attention to the injured portion of the cord, and that is rarely complete. That the bladder always suffers more or less, and calls for special local treatment. That paraplegia may be developed as a symptom of inherited syphilis.

8th. That syphilitic epilepsy usually occurs after thirty in patients who have not had epilepsy in early life. That headache is liable to precede the attacks. That the convulsions

occur often, many in quick succession, the intermission between the series of attacks being comparatively long; but that, during this period, headache or other nervous symptoms exist and become aggravated, contrary to what obtains in idiopathic epilepsy. That syphilitic epilepsy is liable to be associated with or followed by some form of paralysis.

9th. That aphasia is often associated with the intellectual disturbances caused by syphilis.

10th. That loss of memory is a common nervous symptom of syphilis, as are also all forms of mental disturbance, from mild hallucinations and illusions up to actual insanity, and all these without any necessary accompanying paralysis.

11th. That inordinate emotional expressions are often associated with the mental weakness caused by syphilis.

12th. That care must be taken to distinguish certain symptoms caused by gout from the same symptoms owing their origin to syphilis.

13th. That the prognosis is better, as a rule, for nervous symptoms caused by syphilis than for the same symptoms depending on a lesion equal in extent caused by another malady of the nervous centres; but that, after the arrest of the disease, an indelible impression is often left upon the nerve tissue, which manifests itself by impaired function, and which treatment cannot overcome.

14th. That the iodide of potassium pushed rapidly to toleration, unless the symptoms subside before that point is reached, is the main outline of treatment. That mercury used at the same time or alternated with the iodide of potassium is often of great value in protracted or inveterate cases, and that tonics, change of air and surroundings, frequently influence the effect of treatment in a marked degree, and may become essentials to success.—*Medical Record.*

HEART DISEASE AND SEA WINDS.—In a lecture by Alfred Haviland, on the Geographical Distribution of Diseases in England and Wales, the lecturer stated as the result of careful investigation, that whenever the prevailing sea winds have uninterrupted access, there is a low mortality from diseases of the heart, and that the opposite condition occurs where the atmospheric tidal wave has not free access. The law may hold in England, but it certainly does not apply to San Francisco.

SIMPLE DRESSING BY CONTINUED MOISTURE.

Dr. Leon le Fort, in an article bearing this title, translated from the *Boston Medical and Surgical Journal*, says:

If we seek the indications which surgeons have attempted to fulfil by their various dressings, we find them as follows:

To exclude the air.

To change the condition of the wound, when expedient, by medicated dressings.

To maintain a certain degree of moisture.

To prevent decomposition of the pus taken up by the dressing.

To keep the wound clean.

To prevent the adhesion of the dressings.

To destroy germs which might be the source of infection.

A slight modification of the methods usually employed has enabled me, as I believe, to fulfil these various indications, as already stated. I have absolutely rejected all fatty agents whatever, and I extend the same proscription to diachylon, so far as fresh wounds are concerned; and in no case, at least in hospitals, do I use lint, because by the power of absorption it becomes the ready receptacle of infectious germs. I cover the wound with one or more compresses, saturated with a mixture containing one part of alcohol or camphorated alcohol, and nine parts of water; if the wound needs stimulating I add, according to the necessities of the case, a tenth part of a solution of sulphate of zinc. Over all I place a piece of oiled silk, kept in position by a few turns of bandage; and I take care that this covering shall be tight and entire. The evaporation of the fluid with which the compress is filled cannot progress, and the insensible perspiration, which occurs normally on the surface of the skin, being retained, the dressing becomes converted into a sort of continued bath.

Without the inconveniences of a maceration which distends the tissues and seems to lessen their vitality, without the annoyances caused by the necessity to use an apparatus applied with difficulty, I get the advantage of the bath of Mayor, Langenbeck, and Valette, and those indeed of continued irrigation. The sedative effect of the water, modified according to necessity by the use of medicated solutions, controls the inflammation and keeps it within the bounds necessary to the process of cicatrization. The pus, excluded from the air, undergoes no change; it remains indeed about the wound, but the air-tight dressing

showed us long ago the harmlessness of unaltered pus. The compresses cannot dry and adhere and are easily removed, and there is no fear of bruising the granulations. As regards cleanliness, it is seen at once to be absolutely attained. Finally, with respect to infection and the transportation of germs, the wound, being wet at the outset with alcoholized water, covered with compresses filled with the same fluid, and enclosed hermetically in an impermeable tissue, is fully protected from all contamination. This innovation upon a dressing in such general use, consisting essentially in the employment of a piece of oiled silk larger than usual, presents such an appearance of insignificance that I should have hardly dared to introduce it if it were not recommended by results which have convinced me of its efficacy. —*Medical Archives.*

INTUSSUSCEPTION IN AN INFANT CURED BY INFLATION OF THE BOWEL.

W. S., aged six months, admitted into Guy's Hospital March 28, 1870. The child appeared in perfect health until yesterday afternoon about four o'clock, when, while sucking a crust of bread, he suddenly screamed out, fainted, and became cold. The mother took him to a doctor, who gave him a powder, which made him very sick. He continued in great pain, and cried incessantly. At three o'clock this morning he passed a quantity of clotted blood per rectum, and this continued to run from him until he was admitted into the hospital, at 12 o'clock. The last fæcal evacuation took place at noon the previous day.

On admission, the child was seen to be well grown, but face pale, and had a generally collapsed appearance. On examining his abdomen, a lump was distinctly felt to the left and above the umbilicus, which hardened when pressed upon. On passing the finger up the rectum, a round projection could be felt about four inches up, with a circular orifice in the centre. The finger, when withdrawn, was covered with blood. The case being thus clearly one of intussusception, Dr. Wilks ordered inflation of the bowel by means of a bellows. Chloroform was given, and an enema tube passed into the rectum, the other end being attached to the bellows. The attempt to inflate was at first unsuccessful, owing to the large size of the rectum; but by increasing

the width of the tube by wrapping a strip of lint round it, the colon was well inflated, and then the lump gradually went back until it quite disappeared. A drop of [tr.?] opium was ordered in a drachm of dill-water, and the breast to be given sparingly.

On the following day, March 29th, no lump could be felt. The child had been sick several times, and nothing had passed per rectum. To repeat the medicine.

March 30th, child very irritable; apparently much tenderness over abdomen, especially toward the right side. Occasionally sick. Passed a little blood, but no fæces.

31st, evidently better. Had a liquid evacuation with no blood, and sucks well.

April 1st, passed a natural motion, and altogether better.

2d, child apparently well, and taken out by the mother, who was somewhat discontented at the operation performed on him, as she never could be made to realize the severity of the case.

He remained well until the 10th, when he was brought to the hospital, having had fresh bleeding, and the lump could again be felt. The mother would not allow the child to be again taken in for the purpose of a renewal of the method which had been before so successful, but took him away for the purpose of procuring some physic for him; and no more was heard of the case.—*Lancet*, May 21, 1870.

THE CAUSE OF DR. SIMPSON'S DEATH.—Long a martyr to rheumatism, Sir James was, about two months ago, laid aside from active duty by a severe attack of *angina pectoris*, which recurred at uncertain intervals, and was accompanied by dyspnea, and latterly by some degree of dropsy. Though great danger was apprehended from the first, the issue was long and doubtful, and, up to a few days before his death, it was hoped that his valuable life might still be spared for some time, though a restoration to perfect health could not be expected. The end was, however, nearer than was supposed; and, after a few days of unconsciousness, he quietly breathed his last at ten minutes to eight, on the evening of Friday, the 6th of May. At the necropsy, the source of his sufferings and the cause of his death was found to be a large, dilated, fatty heart, globular in shape, and weighing eighteen ounces. At the apex of the left ventricle, the wall of which was thinned, an aneurism about the size of a pigeon's egg was discovered; all the other organs of the body were fatty. The arteries of the brain were atheromatous in a high degree. The brain itself, that imperial source of all

his restless mental activity, was found to be by no means large; it weighed only fifty-four ounces, and was consequently but little above the average of forty-nine and a-half ounces. It may be remembered that the brain of Cuvier weighed above sixty-four ounces, and that of Abercrombie sixty-three, so that Simpson's brain forms rather an exception to the rule, that mental power depends upon size of brain. On the other hand it formed a remarkable example of the more incontrovertible fact, that mental vigor depends upon the number of convolutions and the quantity of grey matter; for, on being exposed, the brain presented an appearance not soon to be forgotten by those who were privileged to see it, in the apparently increased number of the convolutions and their great size and development.—*Edinburgh Medical Journal*.

DETECTION OF THE ADULTERATION OF QUININE WITH SALICINE.—Dr. Solenén, says the *American Chemical News*, has comparatively tested the degree of accuracy and sensitiveness of the different tests in use for the detection of the presence of salicine in quinine, which, if made with the view of fraudulent adulteration, will always be at least at the rate of one per cent. of salicine or more, because less will not pay. The author employed three kinds of sulphuric acid, viz., the fuming, pure concentrated acid, free from arsenic and nitric acid; ordinary concentrated sulphuric acid of commerce, containing a trace of nitric acid; and, lastly, sulphuric acid, to which, purposely, nitric acid had been added. A watch-glass having been placed on a sheet of white paper, and a drop or two of the acids above referred to (each in a separate glass) having been poured therein, a few crystals of the alkaloid (sulphate of quinine) were put on the acid; if pure, there is no coloration, but even with one-hundredth of salicine, the two first-named acids caused a distinct red coloration, which did not ensue with the acid containing nitric acid. This latter acid was not even colored by pure salicine.—*Medical and Surgical Reporter*.

TINCTURE OF IRON IN ACUTE RHEUMATISM.—Dr. J. Russell Reynolds reports in the *British Medical Journal* eight cases of acute rheumatism successfully treated by the tinc. ferri chloridi. The pain was relieved very rapidly and convalescence speedily established. In some of the cases the heart was implicated. The quantity given was 50 or 60 drops every six hours.

STRAMONIUM POISONING—ANTIDOTAL POWER OF OPIUM.—A case of poisoning by stramonium, in which opium appears to have been useful as an antidote, is reported by Dr. Cheney in another portion of the *Journal*. The value of opium and belladonna as antidotes one to another, is not yet determined. Stramonium is so nearly allied to the latter, as to leave little room for doubt that it holds the same relation to opium. Children are rather fond of eating the seeds of stramonium, but the effects are rarely fatal. Many cases are reported in support of the mutual antidotal power of opium and belladonna; but the difficulty is to determine whether death would have occurred without the antidote. Persons recover from enormous doses of either narcotic, under ordinary treatment, or in some instances without interference. The nearest approach to death that we have ever known to be followed by recovery, was in a case of poisoning from laudanum, in which the patient—a female who contemplated suicide—continued to sink after the free use of the stomach pump, cold affusions, and other means. For several hours she lay in a hopeless condition, the heart and lungs scarcely exhibiting any perceptible movement. But she revived after all this. Had belladonna been administered, we should undoubtedly have ascribed the result to its antidotal virtue. The subject is one of great interest, and is open to further investigation.—*Pacific Medical and Surgical Journal*.

AIR IN WOUNDS INNOCUOUS.—Dr. Skey, of St. Bartholomew's (*Lancet*), repudiates the common view that the presence of air is injurious in wounds: "I remember hearing an eminent surgeon, when commenting on this commonly received opinion of the deleterious action of atmospheric air in wounds, assert that, had he undergone the operation for psoas abscess, he would have had the cavity of the abscess distended with air by a pair of bellows! In operations for empyema and hydrothorax, of which I have had a full share, I have never made any attempt to exclude air from the cavity of the chest; and I have published elsewhere one interesting case in which, in conjunction with the late Dr. Todd, we wilfully admitted sufficient air to fill a space previously occupied by six pints of serous fluid. This gentleman had not a bad symptom. In the largest example of emphysema from a broken rib I ever witnessed, the air distended the areolar tissue from the temple to the soles of the feet. It was all gradually removed—I suppose I must say absorbed—in the course of about ten days, except that contained in an enormously distended scrotum, which underwent no change in

size, and exhibited no sign of mischief. This I punctured at the expiration of three weeks. A sudden gush of air, having no offensive character, escaped through the canula, and the scrotum fell flaccid; and in two or three days had recovered its ordinary aspect and sensibility."

DEATH BY CHLOROFORM PREVENTED BY ELECTRICITY.—On the 22d of November, 1866, Dr. Danzel administered chloroform for the removal of a cancer. After the operation the patient ceased to breathe, and opening the windows, artificial respiration, and all other agencies proved of no avail, when recourse was had to electricity. One pole of the battery was applied to the neck, the other to the epigastrium. There was soon a movement of the muscles, and by degrees the respiration was restored. There is no doubt that death would have ensued without the application of electricity, and as this remedy has been applied with success in several other cases, it is worthy of note on the part of physicians generally.—*Journal of Applied Chemistry.*

Abridgments from our Exchanges.

OBSERVATIONS ON RELAPSING FEVER AS IT OCCURRED IN PHILADELPHIA IN 1869-70, is the title of a paper contributed to the *American Journal of Medical Sciences*, by Dr. J. S. Parry, of Philadelphia. The disease made its appearance in the early part of November, 1869. The first cases appeared in parts of the city filled with decaying garbage, traversed by dark and filthy alleys, and inhabited by people who lived, much crowded, in illy ventilated apartments. Every attempt to trace their origin has failed.

The disease is generally supposed to have its origin in want of food, although many authorities acknowledge over-crowding and typhoid poison as causes. At first the writer shared this view, but, with one exception, he found the persons effected to be well fed and some were even fat. The disorder did not occur among the "vagrant and unemployed," but heads of families afflicted held positions in stores and factories; hence, he was led to seek another cause for the malady.

He noticed that in nearly every case the patients were the subjects of over-crowding in their dwellings, and especially in their sleeping apartments; four or five persons often occupied a room 11 by 15 feet, and with little or no ventilation. To such an astonishing degree was this crowding and ill-ventilation found to exist that

his only wonder was that a worse scourge had not long before attacked them. Exactly this element of bad hygiene he believes to be the cause of the epidemic.

Dr. Parry is of opinion that this disease is contagious, as nurses sleeping with patients were invariably attacked, while other members of the family were less liable to be effected; yet he says if apartments occupied by the sick were well ventilated, they could be visited with impunity, and patients taken to well ventilated hospitals were not liable to propagate the disease.

When a patient is confined in a close room, the disease may spread until all members of the family are affected and have to be taken to hospital for nursing.

The disease may be carried by fomites, as was verified in a number of cases.

All the sufferers, with two exceptions, were Irish or born of Irish parents.

No age was exempt; it attacked old and young alike, and there were twice as many women as men, a fact doubtless due to the fact that men are more exempt from the evils of over-crowding and contagion.

The period of incubation was from seven to fourteen days. The invasion was almost always sudden, the patient being able to fix the time of the attack with great precision.

In adults a chill was frequently the initial symptom, which was often accompanied or preceded by headache, giddiness, nausea, and vomiting, and in children profuse vomiting usually began the attack. The cold stage was rapidly followed by headache, high fever, restlessness, insomnia, pain in the back and limbs, with rapid pulse; the tongue was furred; there were epigastric pains, nausea, and vomiting. These all persisted until the fifth, seventh, or ninth day, when they suddenly stopped, to be repeated at the end of the second week of the disease.

Studying the symptoms separately, the face was noticed, after the fever set in, to be flushed—red or purple. There was no dullness or stupid expression, such as is common in continued fever.

During the remission, and after the second relapse, the face was frequently pale, puffy, or velvety in its look. At the onset of the febrile stage, the pupils were normal or rather contracted, and remained so until the crisis, when they became widely dilated, even in a well-lighted room; this condition continued three or four days, and then disappeared.

The skin was always very hot during the paroxysm and, until the month of February, it was found in all patients dry; then it often was seen to be bathed in perspiration; this, however, neither gave relief or reduced the temperature.

When the temperature and pulse fell, the perspiration was excessive. The sweats at the crisis were frequently attended by an eruption of sudamina all over the body.

During the primary paroxysm, the tongue was coated white or yellowish-white, to become, after three or four days, red at its tip and edges. During the intermission it partly cleaned off, and, in the relapse, was in different cases moist, or dry and cracked, and a part or the whole of the coating came off; but during the last of the epidemic these latter phenomena were not noticed.

There was usually anorexia during the paroxysms, the appetite returning in the intervals. The bowels were, as a rule, constipated, both during the attack and remission; in exceptional cases, however, there was a slight diarrhæa. In all the cases there was the epigastric tenderness, with nausea during both the primary paroxysm and relapses.

In all the cases, there was enlargement of the liver and spleen.

During the primary paroxysm, the headache was constant and intense; but delirium, stupor, and subsultus, so common in typhoid, were wanting.

Insomnia was constant, often in spite of all remedies against it.

Severe pains in the back and joints were almost always present in the paroxysms, and often during the intermission.

During the remission and convalescence, a loss of power in the extremities for a few days was frequently noted, and numbness was not unusual in the limbs.

More or less prostration always existed, but it was slight compared with that in typhus or typhoid.

The pulse always rose rapidly, reaching in the febrile stage always as high as 110, and often 130 or 140. It was highest just before the crisis, and fell as rapidly as it rose; it often then became abnormally slow.

The heat of body is remarkable; during the fever it reaches 104 or 106 deg. F.; during the intermission, it falls below the normal.

In all cases, the urine during the fever was scanty and high-colored.

In but few cases was there a second relapse, and by treatment, in most cases, the disease can, Dr. P. thinks, be arrested before a relapse occurs.

All the cases recovered, though in some instances very slowly.

Quinine nor other anti-periodics have any power to cut short this disease. It seems as though the therapeutics of relapsing fever is "almost entirely limited to the diminution of the body heat, prevention of complications, and the relief of a few special symptoms." In this epidemic, the symptoms most difficult of relief were the insomnia and pain; they resisted all remedies; it seemed almost impossible to get the patients to sleep, although bromides and opium were freely used. Purgatives, although given in large doses, acted ineffectually or not at all. No remedy was found that would prevent the relapse.

SKIN GRAFTING.—Dr. J. J. Chisolm, in the *Richmond and Lou-*

isville Medical Journal, gives a description of this novelty in surgery, with records of cases in which he has practiced it. The process consists in the transplanting of epidermis into the raw surface of ulcers for the purpose of promoting their healing; it is, really, by engrafting a portion of epithelium in the sores, furnishing a new point of growth for epidermis.

It is a very common surgical experience to have a large ulcer heal kindly for a time, but, healing less rapidly each day, to finally cease entirely to lessen in size, and to baffle all attempts to induce healing. Epithelium can alone be produced by epithelium, and new integument to cover an ulcer grows only from the borders of that already existing; successive portions become less active and vital, and so it happens that after a while the reproduction ceases, and the cells on the borders of new surface tissue have just sufficient vitality to keep alive, but not enough to produce new cells. The reason why the old sores resist efforts to heal then is the absence of this procreative action.

By planting a few cells of healthy epithelium at various points in the unhealing surface of such ulcers, new centers of epithelial formation are established, which go on to the development of healthy skin, and form a complete covering for the raw surface.

This sound cicatrix of fully vitalized cells does not contract as much as is usual with the natural healing, and hence ugly deformities, such as come from extensive burns, may often be avoided.

The plan of M. Reoerdin is to snip out a small piece of healthy epithelium, with a pair of scissors, from the same trunk or thigh, of the size of half a rice grain. It should include some portion of the rete mucosum, as, if it consists entirely of the thin, horny scales of the epidermis, it will have no power to reproduce cells; in the rete mucosum the cells have the inherent power of re-producing thin skin when placed under favorable conditions.

In the operation of grafting, this little piece of tissue is thrust into a small puncture in the raw surface, and retained by adhesive straps.

These living cells very soon, absorbing pabulum from the blood and tissues, begin to proliferate, and the part perceptibly grows. It enlarges in every direction, and if the borders of the ulcer are not too far distant, or if a sufficient number of grafts have been made, they coalesce in time, with the inactive periphery, and the cicatrization is accomplished.

The rapidity of this process will depend somewhat on the age of the patient, as well as the number of points ingrafted; the younger the patient, the more rapid the growth.

Care should be used not to get too large a piece of tissue for the graft; and if it is thrust too deeply in the surface, it fails to take root, while, if too near the surface, it is washed away by the secretions of the part. Even when planted with care, all grafts do not grow.

It is usual that some days, often a week or two, must transpire before any good can be detected in the germs, and it is not until a month that they increase to the size of grains of corn.

SYPHILIS OF THE NERVOUS SYSTEM.—Dr. E. L. Keyes, of New York City, contributes to the *N. Y. Medical Journal* a paper forty pages long, on nervous syphilis, based on 34 cases treated by himself and Dr. VanBuren. The cases were all in private practice. Many of them presented several nervous symptoms at the same time, but, naming them by the most prominent symptoms, there were 14 cases of hemiplegia, 9 of paraplegia, 4 of epilepsy, 2 of facial paralysis, 1 of paralysis of biceps and deltoid, and 4 of intellectual derangement. There have been 11 recoveries, 10 have improved, 7 have died, and 6 have been lost trace of.

After detailing the histories of these several cases, and after extended comments upon them, the writer sums up as his conclusions from the study substantially as follows: Nervous symptoms depending upon syphilis may occur at any time during the life of the individual after a few weeks subsequent to the infecting chancre. The earlier nervous symptoms (paralytic or otherwise) occur, the less likely is there to be any lesion which an autopsy can reveal; and there is no constancy between the character of the lesion and that of the nervous symptoms to which it gives rise.

The pathology of the nervous symptoms in many cases is, doubtless, cerebral congestion. Syphilitic hemiplegia usually occurs without loss of consciousness, the paralysis usually coming on gradually, the patient being under 40, and having had fixed, constant headache for some time before the attack.

Mydriasis, existing alone, or with other nervous symptoms, and without positive disease of the eye, is presumptive evidence of syphilis.

Paralysis of single muscles, or sets of muscles, are frequently syphilitic.

Syphilitic paralysis usually comes on gradually, and is rarely complete; the bladder almost always suffers more or less from it, and requires local treatment.

Syphilitic epilepsy generally occurs after the thirtieth year, there having been nothing of the sort in early life; the attack is usually preceded by headache. The convulsions occur often, the intermission between the series of attacks being long, but during this period the nervous symptoms usually become exaggerated.

Loss of memory is a common symptom, as also are mental disturbances, from mild illusions to insanity. Aphasia is often associated with the intellectual disturbances. Inordinate emotional expressions are often associated with the mental weakness of syphilis.

The prognosis is better when the nervous symptoms are caused by syphilis than when like symptoms are due to an equally extensive lesion from another cause, but after arrest of the disease, there is

often left an impression, causing incurable impairment of function. The best treatment is large doses of iodide of potassium, (a drachm or two per day). Mercury at the same time, or alternated with the iodide, is often valuable in protracted cases. Tonics, and change of air and surroundings are always valuable.

HAIR AS A SUTURE AND LIGATURE.—Since 1868, Dr. Darby has experimented to a considerable extent upon this subject; he was led to do this in view of the embarrassment surgeons have at times felt in the want of a material for sutures and ligature which possessed all the requisites such material ought to have, of strength, flexibility, pliability, non-absorbing power, and absence of any tendency to irritate. Hair seems to possess these qualities in an eminent degree; his experience with it has demonstrated its title to a place among the valuable materials for this part of the surgeon's work.

He takes clean black horse-hair, using one, or several hairs twisted together, according to the strength required in each particular case. The common surgeon's knot secures amply the ligature, or suture, but care is necessary that the hair is not twisted in folds, as it is likely to break at such points, and that the nails are not used in drawing the knot, as the hair may be thus easily cut through. Before using the hair, he washes it in a solution of carbolic acid, three or four grains to the ounce, to destroy any noxious material that may be upon it.

He has used hair in amputations, removal of tumors, incised wounds of the scalp, penis, scrotum, neck, trunk, eyelids; in mucous membranes of the eye, mouth, arms, rectum, and vagina, in all of which immediate union is desirable; and, in most of the operations, gives it preference over all other materials.

In wounds of the rectum and vagina it is inferior to metallic sutures, from the difficulty of tying in so narrow cavities; the twist with the metal is more easily made. When wounds of these cavities are more superficial, the hair is the preferable suture.

In wounds of tissues which are lax and delicate, such as the eyelids, scrotum, and penis, the hair is superior to the metal, for being unirritating it leaves no scar, its pliability allows of its accommodation to the folds of the tissue, and its elasticity facilitates its easy withdrawal.

In operations upon the eye and its appendages, it is more advantageous than silk, flax, or cotton; any irritation to the parts that might accrue from the stiff ends of the hair is obviated by leaving the sutures long enough to be fixed to the cheek by adhesive plaster; or the same object may be gained by using human hair, or that from the ox's tail, which are so fine and soft that the ends may be cut short without fear or injury to the lids.

He has allowed sutures to remain in wounds from ten to twenty days without irritation.—*Richmond and Louisville Medical Journal.*

MINNESOTA AS A RESORT FOR CONSUMPTIVES, is the caption of a brief article by Dr. Adams, of Waltham, in which he shows, from meteorological and other statistics, that the winters of Minnesota are about equal in temperature to those of northern New England, while its summers are as warm as in Central Pennsylvania, the mean of the former being 16 deg., and of the latter 70 deg., F. But in winter there is very little rainfall, (snow being measured as rain in the proportion of 12 to 1); hence the atmosphere is very dry, and with the low temperature, has very little conducting power of heat. To this dryness of atmosphere Minnesota owes its reputation as a resort for consumptives, and it is not wise to send such patients there until the late autumn, for its rainfall in summer is equal to that of New England, while its temperature is higher. It is during the cold and dry season that phthisis is there most benefited; and it is benefited mainly because of the invigoration the climate is likely to give to the digestion and nutrition. In those cases of phthisis, however, in which acute inflammatory symptoms are of frequent occurrence, or in which bronchitis exists out of proportion to the local lesion, the dry, bracing quality of the air is too stimulating, and acts as an irritant.

He quotes from Dr. Flagg, of St. Paul, who says that in his experience the patients most likely to be benefited are the purely tuberculous, in whom cachexia is early developed, and the inflammatory processes are mostly absent; those who have hemoptysis early, and who are described as "relaxed," and wanting in "tone" of mucous surfaces. "Those in advanced stages of phthisis" "often derive positive harm." "The existence of a cavity of any extent, with pus-producing surface, should prevent a patient coming here;" patients in whose lungs there is a large deposit of tubercle rapidly undergoing softening, should not be sent." Those who are subject to inter-current attacks of bronchitis, or who suffer from a sense of "constriction," to use a patient's term, during cold, dry winds, are not very suitable cases.—*Boston Medical and Surgical Journal*.

LIQUID GLASS FOR STIFF BANDAGES IN FRACTURES.—Dr. John Darby, of South Carolina, lauds very highly liquid silicates for an immovable dressing; he regards it as superior to any of the substances heretofore in use, on account of its neatness, durability, strength, and ease of application.

He first envelopes the limb in wadding or cotton, putting a larger bandage over it; this is then saturated with the silicate, it being applied with a painter's brush. Another bandage is applied over this, and the liquid glass painted on again. Strips of muslin, pasteboard, felt, or veneering wood, soaked in the liquid, may be applied on different parts of the dressing, making the whole of any thickness and strength desirable.

After the dressing is completed, the limb must be kept perfectly

motionless until the material hardens, which will require at least as many hours as there are layers of the bandage, and perhaps many more; from eight to twelve hours usually suffices.

In removing, the scissors or knife is used. Whenever a limb is required to be kept in a position of absolute immobility, he regards this a very superior dressing.—*Author's Pamphlet, Etc.*

EFFECTS OF ALCHCOL. ON THE HUMAN SYSTEM.—Drs. Parkes and Wollowicz made experiments upon a healthy soldier, to determine the physiological effect of alcohol. The man was given, for several days, alcohol in increasing quantity; then, for six days, he drank nothing but water; then drank, for three days, brandy, after which he returned to water.

Their conclusions are essentially as follows: One and two ounces of alcohol per day seemed to increase the appetite. Four ounces lessened it, and larger quantities almost destroyed it. Hence, for this man two ounces was the limit of usefulness to appetite, a much smaller quantity, long continued, would possibly have lessened the appetite.

During the first day on which alcohol was taken, the pulse increased in frequency 4 per cent., and on the sixth day, 23 per cent., the mean of the six days being 13 per cent.

Alcohol neither lowered nor increased the animal heat as far as could be observed, although the thermometer was carefully noted in the rectum and axilla. The effect of brandy was not different in this regard from that of alcohol.

Although large doses of alcohol lessened the appetite, they did not seem to impede digestion; nor did they seem to lessen the chemical changes which end in the elimination of nitrogenous excreta, of phosphoric acid and free acidity. After alcohol had been omitted for several days, the last traces of it seemed to be eliminated, the heart showed signs of unusual feebleness, and when brandy was then administered, although the heart's beats were increased in frequency, they were very much more feeble than during the administration of the alcohol.

No effect on the nervous system could be noted by any change in amount of phosphoric acid, but there were marked subjective feelings. There were, when four ounces of alcohol were taken, marked symptoms of narcotism; there was a degree of heaviness, indisposition to exertion, and loss of alacrity, with slight headache, and torpor, and sleepiness.

It is clear that any amount of alcohol over two ounces would do harm to this man, but the experiments do not show that even a less quantity might not do injury were it continued day after day. It is obvious that alcohol is unnecessary for him, and that even one ounce in the twenty-four hours produced a slight effect on the heart, which would lead to alterations in circulation, and might lead to degeneration of tissue.

As to the metamorphosis of nitrogenous tissue, it seems improbable that alcohol has any effect; it appears to us unlikely that it can enable the body to perform more work on less food, though by quickening a failing heart, it may enable work to be done which otherwise could not be so."—*Glasgow Medical Journal, Etc.*

LARGE DOSES OF IPECACUANHA IN ACUTE DYSENTERY.—Dr. John Stephens believes in the virtue of the ipecac. in inflammation of the lower bowel, in much larger doses than were formerly given. In an average dose of two scruples, its curative power, he says, is sure and complete; so enthusiastic is he in this that he regards it as much of a specific in acute dysentery as quinine is in intermittent fever. To cases in all degrees of severity, in patients of all ages and conditions, and to any stage of the disease, it is equally applicable. The severe tormina and tenesmus, the frequent bloody discharges often repeated, are symptoms that rapidly abate, and, after two or three doses of the drug, usually are nearly gone.

He gives (as his reported cases indicate) but one dose of the ipecac. each day, preceding it by a dose of opium or laudanum, given a half hour before.

In many cases there occurred no vomiting, and often nothing but nausea. In no case in Dr. S.'s experience has vomiting occurred until the ipecac. had effected its purpose in allaying the disease.

In a part of his cases he painted the abdomen with tincture of iodine or applied sinapisms, but in no case did this lessen the disposition to vomit. He gives the ipecacuanha in a little sweetened water.
---*Medical and Surgical Reporter.*

PARTIAL PARALYSIS FROM REFLEX IRRITATION.—Dr. L. A. Sayre read a paper at the last meeting of the American Association, giving his observation on the production of partial paralysis of certain muscles of the lower limbs by irritation of the glans penis from congenital phimosis.

He abbreviates the history of six cases in which he found this condition to exist.

The patients were all afflicted with a variety of nervous symptoms beside the paralysis, and all, on circumcision, were relieved. He says he is satisfied "that many of the cases of irritable children, with restless sleep and bad digestion, which is often attributed to worms, is solely due to the irritation of the nervous system, caused by an adherent or constricted prepuce."

The first case he had was a boy of five years, who had such paralysis of the quadriceps that the legs were flexed at an angle of 45 degrees. The doctor, in applying electricity to the paralyzed muscles, discovered the irritation of the penis. This organ was very sore, and the slightest irritation, as of the clothing, or even a jarring of the body, caused an erection. Circumcision was performed,

and the child began immediately to improve in general health, slept well at night, and improved in appetite. In five weeks he could walk alone, with his limbs quite straight.

The second case was of a lad of 14, whom he had treated for months for slight paralysis of his legs, when it was found he had phymosis and constant irritation of the glans. He had nocturnal emissions and erection on the most trivial irritation. He was circumcised, and in six weeks had entirely recovered.

The third case was of a boy of 15, who had nervousness and "fainting fits;" he had "falling fits" because "his legs would not hold him up." He had every night painful erection and very frequent emissions; the prepuce was enormously redundant, and all the parts excessively irritable. In six weeks after circumcision, he was nearly well.

The other three cases had hip disease, which was found to have been lighted up by repeated falls due to the partially paralyzed condition of the legs from irritation of the penis. The patients were excessively nervous. On circumcision, they were relieved of all the symptoms, save those caused by the lesion of the hip.—*Transactions of the Association.*

Book Notices.

The American Practitioner: A Monthly Journal of Medicine and Surgery. Edited by David W. Yandell, M.D., and Theophilus Parvin, M.D. Published by J. P. Morton & Co., Louisville, Ky.

We have received from the publishers, the first and second volumes of this journal, neatly bound in cloth. Each volume contains six monthly numbers of the *Practitioner*, and together embrace the issues for 1870. It is one of the best and most practical medical periodicals in this country.

A Tabular History and Analysis of all the Undoubted Cases of Typhoid and Typhus Fevers, Presented at the Boston City Hospital, from June 1, 1864 to June 1, 1869. By J. Baxton Upham, A.M., M.D., Late Visiting-Physician to the Hospital. Reprinted from the First Quinquennial Volume of the Hospital Reports. Boston: 1870.

This is an elegantly printed monograph of 93 pages, into

which are condensed all the important points concerning the history and treatment of 152 cases of typhoid, and 48 cases of typhus fevers.

The author is one of the most industrious and careful observers in the profession, and the present report is a valuable addition to the literature of continued fevers. Being mostly tabular and statistical, it is not easy to give a resume, but advise our readers to peruse the report itself.

Surgical Papers of the Transactions of the American Medical Association: 1870.

The 21st volume of this work appears earlier than usual, and in excellent style. The surgical papers are of excellent quality and well worthy of perusal. The first is

Median Lithotomy; by James Little, M.D., of New York.

Median Lithotomy. The principal interest of the paper centres in its large tabular list of cases, and their results. The reader of course will remember that median lithotomy is a modification of the old Marian operation, and consists in cutting into the membranous portion of the urethra upon a grooved staff, (making the incision in the median line), and dilating the neck of the bladder gently with the finger. The forceps are then introduced and the stone extracted; if too large, it is first crushed. Dr. Little reports 96 American cases of this operation. One of these should be excluded from the list, having been unjustly performed on a person already past hope. Of the remaining 95 cases, only 2 died, being one death in $47\frac{1}{2}$ cases, which is certainly a far better record than the lateral operation can show, which, in Europe, has a mortality of one in five, and, in America, of one in sixteen.

New Operation for Imperforate Anus; by Thomas A. Healy, M.D., of Maryland.

This is a report of an operation performed, not by any means for an imperforate anus, as the title calls it, but for an anus of small size, situated too far forward. The operation consisted in dissecting around the anus and lower portion of the rectum,

cutting a place for it further back, and sliding it along, and stitching it to its proper position. The result seems to have been good.

Form of Neuralgia of the Jaw-bone, Hitherto Undescribed; by Prof. S. D. Gross, of Philadelphia.

This disease consists of a neuralgia, caused by the gradual change in the alveolar processes after the loss of teeth, by which the extremities of the dental nerves become involved in the contraction of the bony canals in which they lie, so as to be pinched, as it were, and thus rendered permanently neuralgic. Dr. Gross cured them by dissecting away the gums, and with cutting bone forceps, cutting away the alveolar processes to the very base. Five cases are detailed, all of which were successful.

Partial Paralysis from Reflex Irritation, Caused by Congenital Phymosis and Adherent Prepuce; by Lewis A. Sayre, of New York.

The paper bearing the above title is a report of a few cases in which partial paralysis existed in cases of very tight congenital phymosis, with great irritability of the glans and meatus. A rapid cure resulted in each case, after circumcision and peeling up the adherent prepuce. This observation of Dr. Sayre is certainly striking, and worthy of further attention, to see if the experience of others will confirm his ideas.

Liquid for the Preservation of Wet Anatomical Preparations; by B. Titcomb, of Maryland.

This document gives a formula for a preserving fluid which may be usefully employed, but contains nothing new in principle. It preserves specimens and even entire subjects for dissection. The following is the formula:

R^y Chloride of sodium, $\bar{3}$ iss.
Sulphate of alumina (doubtless meaning sulphate of alumina and potassa, or common alum), $\bar{3}$ iss.
Nitrate of potassa, $\bar{3}$ vj.
Water, s $\bar{3}$ xij.

Preparatory to being placed in this fluid, the specimen is immersed in pure water 12 hours, and then in creasote water 12 hours more.

This solution will doubtless keep specimens perfectly as I have long ago proved by experiments with similar mixtures; but it ought properly to be stated that either the salt or alum alone will do the same thing. The creasote might quite as well, and at a much cheaper rate, be supplanted by carbolic acid. The only use of the nitrate of potassa is to preserve something of the red color of the muscles. A solution of one part of alcohol, eight parts of water, and five grains to the ounce of carbolic acid is often used to preserve specimens in the museum of the Chicago Academy of Sciences.

Case of Congenital Occlusion of the Rima Glottidis; by Louis Elsberg, A.M., M.D., of New York.

This volume of the Transactions seems to abound in the erroneous use of terms by the authors. Above we noticed a paper on an "imperforate" anus, which was not imperforate, but only narrowed and misplaced, and now we have an "occlusion" of a rima glottidis, which is not occluded, (closed up), but only diminished in size by the adhesion of most of the anterior portion of the edges to each other. It was relieved by excising a portion of the obstructing membrane.

New Method of Reducing Dislocation at the Shoulder-joint; by Samuel Logan, M.D., of New Orleans.

This method consists in laying the patient supine upon the floor, while the surgeon sits at the same level opposite the afflicted shoulder, or a little toward the feet, at such a distance that his feet will just reach the patient's body. Taking the injured arm by the wrist, the surgeon places one heel just below the axilla, taking pains not to press the head of the humerus at all with his heel, while the rest of his foot, a little everted, rests against the ribs. The surgeon then places the ball of the great toe of the other foot against the acromian process above the shoulder, taking pains not to encroach too much with the foot upon the cavity of the joint. In this position he begins to make extension, at first a little downwards, and then squarely outwards, about at right angles to the line of the patient's body. If there is difficulty in accomplishing the reduction, the arm is brought downwards towards the feet, and pried as a lever

across the heel, so as to throw the head of the bone into the joint.

A Contribution to Plastic Surgery; by Gurdon Buck, M.D., of New York.

This describes a case of deformity resulting from mortification of the right upper lip, cheek, and ala of the nose. Dr. Buck, by a series of four ingenious operations, removed most of the deformity; but the various steps are too numerous to be detailed here. The paper is illustrated by four beautiful colored lithographs. There is no absolutely new principle introduced, but the series of operations constitute a fine study in plastic surgery.

Case of Formation of Bone in the Eye; by Chas. M. Carleton, of Conn.

This paper is a report of a case where a patient was attacked with neuralgia of the right eye and total loss of its vision. After a time it was extirpated, when between the retina and the choroid there was found a "large, irregular, cup-shaped formation of true bone."

A New Mode of Amputation at the Ankle-joint; by J. N. Quimby, of New Jersey.

This is a relation of cases of amputation at the ankle by a modification of Pirogoff's operation. His incisions of the soft parts are made after the manner of Pirogoff, but his next step is to dissect out the astragalus, and saw off the anterior portion of the *os calcis* obliquely, downward and forward. Next, without removing any of the *tibia* nor *fibula*, nor even the cartilage, the cut end of the *os calcis* is placed against the articular surface of the *tibia* and retained by sutures and adhesive straps. The wounds healed by first intention in a very short time, making stumps on which the patient walked with ease. I incline to think this modification is worthy of further trial.

A New Method of Lithotrity; by E. M. Moore, M.D., of Rochester, N. Y.

This a paper which, though brief, has a good deal of merit. Dr. Moore proposes to complete the operation of lithotrity and

remove all the fragments at one sitting. The description of his instruments is so brief that it is impossible to get a clear idea of them; the principle, however, is this: A steel catheter carries a folded steel net, which, when inserted into the bladder, can be expanded, and made to surround the stone and draw it against the end of the instrument. A scraping instrument then cuts the stone to pieces and allows of all the debris being brought away at one sitting. He reports one case which was highly successful. The instrument must be extremely curious and ingenious.

On the whole, this volume presents a very creditable surgical array, and is, perhaps, in that respect better than any of its predecessors.

Prize Essay on the Treatment of Aneurism: by Benjamin Howard, A.M., M.D., New York.

In noticing the surgical papers of the transactions previously handed you, this paper was accidentally omitted.

It is one of very considerable merit, being an original experimental investigation into the effects of a new method of ligating arteries for aneurism.

Part first consists of an examination of the nature and effects of atheromatous deposits in producing aneurism. The author considers atheroma as not a growth from the walls of the vessels, but a deposit from the blood within it.

This deposit consists of granules, oily globules, and cholestrine, and exists as elevated patches on the inner surface of the vessels. Where the patch is attached, the coats of the artery undergo atrophy, and the patch itself degenerates in various ways. After a time the weakened spot in the vessel yields to the force of the blood and dilates into an aneurism.

He then goes on to maintain, that when the blood in an aneurism is suddenly stopped in its motion by a tight ligature, it coagulates into a black clot, which is essentially a dead, foreign body, and must be either absorbed or excite inflammation and suppuration, and thus be cast out. On the contrary, if the flow of the blood is simply diminished, the aneurism is gradually

filled with the white, or rather the buff clot, which becomes permanently organized, and excites no suppuration or inflammation.

To illustrate this subject he performed thirteen operations upon the carotid arteries of sheep. Three of these consisted in tying the common carotid artery with silver and lead ligatures tightly closed, so as to completely arrest the flow of blood. The wires were cut off close and left in the wound. The incisions all healed by first intention, but after a month or two, a dissection always showed the formation of an abscess containing the ligature, and the clot was imperfect.

Ten of the experiments consisted in tying the artery with metallic ligatures (usually silver wire) applied loosely, so as only to obliterate from half to two-thirds of the calibre of the artery. The ligatures were cut off close, and the wounds healed over them by first intention, as before. In these cases the arteries became occluded as before, but there was no inflammation and no abscess, though some of the ligatures were left in the flesh two years. The clot, also, was better organized, and all the appearances more perfect than in the former cases. The experiments are illustrated by eighteen excellent lithographs.

This method of ligation would seem to promise much better results than the old methods, and is certainly worthy a fair trial by the surgeon.

Any investigation tending to diminish the mortality of ligations of large vessels, is of great importance, for, notwithstanding the fascinating beauty of the operation from a mere surgical point of view, there is a heavy mortality accompanying it. The average deathrate from ligatures of all the large arteries, is over thirty-three per cent., and ligatures of the femoral artery are more dangerous than amputations of the thigh.

E. ANDREWS, M.D.,

81 Monroe St., Chicago.

Annual Report of the Surgeon-General of the United States Army: 1870.

This document is a condensed pamphlet of only ten pages.

The receipts of the Department have been \$1,946,878.95, and the expenses very much less, leaving a balance unexpended in the Department of \$1,607,064.22.

During the year there have been furnished to soldiers, officers and sailors, 171 artificial legs, 112 arms, 6 feet, and 12 pieces of other apparatus.

The average number of the white troops during the past year on sick report was 1,419 or about 5 per cent. of the army, which is a gratifying state of health, considering that much of it has been in the field, watching the Indians. Of these cases, 263 were for wounds and injuries. The total number of deaths was 374, which was twelve per thousand of mean strength, and is equivalent to a little over one per cent. Among the colored troops the mortality was about fifty per cent. greater, being nineteen per thousand of mean strength. The causes of this difference are not stated.

The record department of the office seems to be progressing with its work, wounds, operations, etc., to the extent of about 25,000 cases having been searched out and recorded. For the purposes of illustration, 3,029 photographs have been printed, 106 wood-cuts made, and 425 pages of the great forthcoming Medical and Surgical History of the War printed. The printing of the first volume of this work, which will contain 750 pages, is nearly completed. The whole of the second, or surgical volume, is also prepared.

This work will contain, among other important surgical matter, 29,572 cases of amputation and 4,775 cases of excision. Owing to the later information of the history of these cases obtained through the Pension Bureau, these statistics will be the most complete, as well as the most extensive, ever published on this subject.

The Army Medical Museum has been much increased, and contains 13,502 specimens, among which are 894 skulls and 34 skeletons.

The museum during the year received about 18,000 visitors, some of whom came expressly for the purpose from Europe, and several great foreign works on surgery are copiously illustrated from specimens in the museum.

The Surgeon-General has received the most flattering testimony from distinguished European surgeons of the value of the documents already published.

Transactions of the Twentieth Anniversary Meeting of the Illinois State Medical Society, held in Dixon, May 17-18, 1870.

The Transactions, though late in distribution to members, have been published in good style, and make a volume of 141 pages. The volume contains a pretty full record of the proceedings of the Anniversary Meeting, with the following reports and papers: Report on Practical Medicine, a paper by James S. Whitmire, M.D., of Metamora, and one on Blood-letting Not Necessary in Pneumonia, by D. W. Young, M.D., of Aurora; Report on Surgery, by Moses Gunn, M.D., of Chicago; On Drugs and Medicines, by Chas. Hunt, M.D., of Dixon; On Ophthalmology, by E. L. Holmes, M.D., of Chicago; On Otology, by S. J. Jones, M.D., of Chicago; On Statistics of Diseases of the Ear, by E. L. Holmes, M.D., of Chicago; On the Use of Plaster of Paris in Fractures, by R. E. Bogue, M.D., of Chicago; Amputation at the Hip-joint, for Disease of the Hip and Knee-joints, by E. Powell, M.D., of Chicago; On the Communication from the American Medical Association, in Relation to Licenses to Practice, by N. S. Davis and D. Prince, Special Committee; List of Members; Constitution and By-Laws of the Society; and Code of Ethics. Several of the reports have been published in the *Examiner*, but any reader will find enough new matter to fully remunerate him for obtaining a copy of the Transactions in full.

Any information concerning the volume may be obtained by addressing the Permanent-Secretary, Dr. T. D. Fitch, M.D., of Chicago.

UREA IS FOUND IN THE LIVER.—The latest researches on the origin of urea have demonstrated that the kidneys do not secrete, but merely excrete urea, and that the liver is in part, at least, the source of it.—*Lancet*.

Editorial.

AMERICAN MEDICAL ASSOCIATION.—All who have faithfully attended the meetings of the Association, and participated in its doings with a sincere desire to make it the instrument of advancing the scientific, as well as social interests of the whole profession, have felt the embarrassments consequent on the incomplete preparation of many papers and reports on the part of those who present them; the absence of all knowledge at the opening of each annual meeting, in reference to the special reports and papers that are to be presented in each section, and the order in which they are to come up for consideration. The Association meets in general session the first morning, and after the preliminary business is disposed of, the list of special committees is called, and opportunity for the announcement of volunteer papers given, and such reports and papers as are announced by their titles are referred to the appropriate sections. By the time this work is completed, it is, perhaps, within an hour of the time for the sections to meet. Unless the authors of reports and papers are watching closely the action of the Association, and taking particular pains to learn early the location of the several section-rooms, they often lose a part or all of the first session of the section before they find out where they are expected to present the results of their labor; and the great majority of the members are still more in the dark as to the time when, and place where, any particular report or paper is to be read and discussed. Efforts have been made, and rules adopted from time to time, for the express purpose of removing these embarrassments.

And if the present by-laws of the Association were generally understood and adhered to, they would be entirely obviated and the value of the transactions greatly increased. We would call special attention to a by-law that was adopted and first became operative at the last annual meeting. After providing for the more perfect and efficient organization of the sections by the election of their officers at the same time, and in the same manner as the officers of the general body, it further provides as follows:

"Papers appropriate to the several sections, in order to secure consideration and action, must be sent to the *Secretary* of the appropriate *Section*, at least *one month* before the meeting which is to act upon them. It shall be the duty of the *Secretary*, to whom such papers are sent, to examine them with care, and, with the advice of the *Chairman* of his section, to determine the time and order of their presentation, and give due notice of the same; and, after their full examination and discussion by the section, they shall be sent to the *Permanent-Secretary* of the Association."

If writers, in compliance with this rule, would thus place their papers in the hands of the *Secretary* of the section in which they wish to have them read and considered, three or four weeks in advance of the annual meeting, it would enable each *Secretary* to place on a bulletin-board in the public hall, at the opening of each annual meeting, the titles of the several papers and the order of their reading in each section. This would secure a prompt and fair attendance in each section-room and a fair consideration of each paper or report. To facilitate this work, we append the names and residences of the present officers of the several sections, as follows:

Chemistry and Materia Medica—Chairman, Dr. D. W. Yandell, of Louisville, Ky.; Secretary, Dr. H. S. Hurd, of Galesburg, Ill.

Practical Medicine and Obstetrics—Chairman, Dr. H. R. Storer, of Boston, Mass.; Secretary, Dr. J. K. Bartlett, of Milwaukee, Wis.

Surgery and Anatomy—Chairman, Dr. J. L. Atlee, of Lancaster, Pa.; Secretary, M. Horace Carpenter, of Salem, Oregon.

Meteorology, Medical Topography, and Epidemics—Chairman, Dr. N. S. Davis, of Chicago, Ill.; Secretary, Dr. C. C. Hildreth, of Zanesville, Ohio.

Medical Jurisprudence, Physiology, and Hygiene—Chairman, Dr. Theophilus Parvin, of Indianapolis, Ind.; Secretary, Dr. J. A. Murphy, of Cincinnati, Ohio.

Psychology—Chairman, Dr. J. H. Griscom, of New York City; Secretary, Dr. O. F. Rennick, of Mo.

If our brethren of the medical press, in all parts of the country, would now call the attention of their readers to the necessity of more rigidly complying with the by-laws to which we have alluded, they would do more good than by any amount of complaining *after* the next meeting.

OPHTHALMOLOGY AND OTOTOLOGY.—Samuel J. Jones, M.D., Professor of Ophthalmology and Otology in the Chicago Medical College, has been appointed one of the surgeons to Mercy Hospital, and has charge of all cases of diseases involving the eye and ear.

We often receive letters asking for information in regard to the best place for patients to be well cared for, and at the same time secure special treatment for the organs just named.

To all such inquiries we would say, that we know of no better place in our country than the wards of the Mercy Hospital in this city.

CORRECTION.—Two of the abridged articles in our last number failed to get to the author for proof reading, and, as a result, they present several ridiculous errors.

In the article, "*Apomorphia*," this name is put *Opomorphia*; "in its clinical reaction," should be in its *chemical* reaction; "cholera," should be *chorea*.

In the article on, "*A peculiar inflammation of the lower lip*," the types make us say, "undiscovered," for *undescribed*; "molecular masses," for *nodular* masses; and, "permuculous," for *parenchymous*.

THE VOLUME FOR 1870-71.—We have a few complete copies of Volume 11 of the *Examiner*, for 1870. And to any new subscriber, who will send us *five* dollars, we will send, postage paid, the volume for 1870 at once, and the monthly numbers for 1871 as they are issued. The present number commences the *twelfth* volume, and affords a good opportunity for new subscribers to commence.

MORTALITY FOR THE MONTH OF NOVEMBER, 1870.

Accidents, Asphyxia	3	Diarrhœa	2	" abscess of	1
" burns	1	" chronic	4	" inflammation of	1
" drowned	1	Delirium Tremens	2	" hypertrophy of	2
" fracture of skull	1	Diphtheria	19	Lungs, congestion	1
" thrown from wagon	1	Dropsy, general	1	" hemorrhage	1
" shot	1	" abdomen	1	Malformation, general	1
" run over by Hack	1	Dysentery	2	Meningitis	3
" petroleum	2	Enteritis	2	" cerebro-spinal	2
" scalded	2	Epilepsy	1	" tubercular	5
Abscesses	1	Erysipelas	2	Necrosis of cranial bone	1
Abdomen, tumors of	1	Fever, congestive	1	Old age	4
Anasarca	1	" puerperal	3	Parotitis	2
Apoplexy	10	" intermittent	2	Pericarditis	1
Ascites	1	" scarlet	10	Peritonitis	2
Asphyxia	1	" malignant	1	Peritonitis puerperal	1
Bowels, gangrene of	1	" typhoid	35	Peritoneum inflamm-	1
Brain, congestion	3	" remittent	3	" tion of	1
" inflammation	5	" complications	2	Pharyngitis	1
" softening	1	Hæmatemesis	1	Pneumonia	13
" compression of	2	Hemorrhage, internal	2	" & complications	2
" disease of	1	Heart diseases	3	" typhoid	4
Bronchitis	4	" dropsy of	1	Pupura hæmorrhagica	1
" capillary	2	" hypertrophy of	2	Pyæmia	1
" chronic	3	" neuralgia of	1	Rheumatism	1
Cancer of liver	1	" organic disease of	1	Srofula	2
" stomach	2	" valvular disease	5	Stomach, chronic inflam-	1
" uterus	2	Hepatitis	1	" mation of	1
" breast	1	Hydrocephalus	1	Suicide by morphine	2
Child birth	1	" acute	1	" drowning	2
Cholera Infantum	2	Inanition	4	" arsenic	1
Consumption	49	Intemperance	1	Tabes mesenterica	14
Convulsions	40	Icterus	1	Teething	4
" puerperal	1	Kidneys, Bright's dis-	1	" and complications	1
Colitis	2	" ease	5	Trichiniasis	1
Croup	46	Larynx contraction of	1	Vertebræ, caries of	1
" diphtheretic	8	Laryngitis	1	Whooping-cough	2
Cyanosis	1	Liver, disease of	1		
Debility general	7	" induration	1	Total	422

AGES.

Under 1	86	10 to 20	23	70 to 80	9
1 to 2	54	20 to 30	44	80 to 90	4
2 to 3	25	30 to 40	41	90 to 100	1
3 to 4	21	40 to 50	38		
4 to 5	15	50 to 60	19	Total	422
5 to 10	31	60 to 70	11		

Males,	231	Females,	191	Total,	422
Single,	299	Married	123	Total,	422
White,	417	Colored,	5	Total,	422

COMPARISON.

Deaths in Oct., 1870, ---	422	Deaths in Oct., 1869, ---	491	Decrease, ---	69
Deaths in Sept., 1870, -----	559	Decrease, -----	137		

NATIVITY.

Austria -----	1	England -----	10	Norway -----	10
Bohemia -----	7	France -----	1	Poland -----	1
Canada -----	6	Germany -----	49	Russia -----	1
Chicago, Native ---	58	Holland -----	3	Switzerland -----	
Chicago, Foreign ---	143	Ireland -----	49	Scotland, -----	4
U. S., other parts ---	64	Italy -----		Sweden -----	8
Denmark -----	2	India -----	1	Unknown -----	4
Total. -----					422

MORTALITY BY WARDS FOR THE MONTH.

Wards.	Mortality.	Wards.	Mortality
1 -----	5	18 -----	33
2 -----	12	19 -----	7
3 -----	21	20 -----	11
4 -----	7	Accidents -----	13
5 -----	4	Bridewell -----	1
6 -----	19	County Hospital -----	10
7 -----	15	Home for Friendless -----	1
8 -----	38	Half Orphan Asylum -----	1
9 -----	34	Marine Hospital -----	3
10 -----	22	Immigrants -----	1
11 -----	13	Scammon Hospital -----	1
12 -----	13	Mercy Hospital -----	9
13 -----	8	Protestant Orphan Asylum -----	1
14 -----	9	St. Joseph Orphan Asylum -----	4
15 -----	51	Suicide -----	4
16 -----	20		
17 -----	32	Total, -----	422

WHEN TO GIVE ARTIFICIAL FOOD TO INFANTS.—Dr. Brinton (*Trans. Lond. Obstet. Soc.*), advocates giving artificial food to babies, such as corn-flour with milk, when the first teeth come, and the child begins to bite his mother's nipple. When the child's mouth is toothless, its office is to suck the breasts. He orders milk and water until the teeth appear, to infants brought up by hand.

CATHETERISM OF THE LARYNX.—Dr. Weinlecher, of Vienna, considers catheterism of the larynx, next to tracheotomy, the safest and most rational resort in cases of imminent suffocation from croup and dyptheria.

RECEIPTS FROM NOVEMBER 25, TO DECEMBER 25, 1870.—Dr. R. N. Isham, City, \$6.00; Dr. Theodore Hoffman, City, 3.00; Dr. J. M. Boslaw, Yale, Ill., 3.00; Dr. J. V. Goltza, Blue Mound, Ill., 3.00; Dr. Radbourg, Diana, Ill., 3.00; Dr. J. Culbertson, Toulon, Ill., 3.00; Dr. A. B. Hanna, Saltello, Tenn., 6.00; Dr. A. L. Marston, Auburn, Wis., 12.00; Dr. J. Guinan, New Lebanon, Wis., 5.00; Dr. W. M. Barbourk, Barrington, Ill., 3.00; Dr. H. L. Butterfield, Wau-
pon, Wis., 6.00; Dr. B. Hawley, Aurora, Ill., 5.00; Dr. L. Carey, Warsen, Ind., 3.00; Dr. E. R. Atwood, Lastorm, Ill., 5.00; Dr. D. Newell, Philiptown, Ill., 3.00; Dr. R. J. Patterson, Batavia, Ill., 3.00; Dr. J. Tefr, Elgin, Ill., 3.00; Dr. J. W. Morrill, New Lisbon, Wis., 3.00; Dr. George R. Bibb, Denver, Col. 6.00; Dr. LaCount, Chilton, Wis., 6.25; Dr. S. D. Mercer, Omaha, Neb., 3.00; Dr. T. P. Sully, City, 12.00; Dr. O. W. Sadler, Byron, Minn., 3.00; Dr. D. W. Stewart, Ottumwa, Iowa, 6.00; Dr. D. C. Roundy, Davenport, Iowa, 6.00; Dr. M. J. Whitman, City, 3.00; Dr. Edward Young, Warren, Ind., 6.00; Dr. W. Fleming, Port Byron, Ill., 6.00; Dr. J. F. Kelsey, Pishtigo, Wis., 3.00; Dr. J. B. LeBland, Brownville, Minn., 3.00; Dr. V. H. Coffman, Omaha, Neb., 4.00; Dr. Curtis, Kansas City, Mo., 3.00.

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The Twenty-eighth Annual Course of Lectures will commence on Wednesday, Sept. 28th, 1870, and continue eighteen weeks.

FEES.—Lectures, \$55.00; Matriculation, \$5.00; Dissection, \$5.00; Hospital, \$5.00; Graduation, \$25.00.

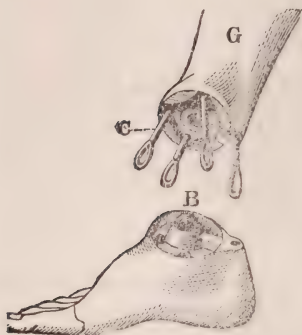
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TESTIMONY OF DR. MOTT.

NEW YORK, February 10, 1860.

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CHICAGO MEDICAL EXAMINER:

N. S. DAVIS, M.D., EDITOR.

F. H. DAVIS, ASSISTANT-EDITOR.

VOL. XII.

FEBRUARY, 1871.

NO. 2

Original Contributions.

PROSTITUTION AND ITS SANITARY MANAGEMENT.

By EDMUND ANDREWS, M.D., Professor of Principles and Practice of Surgery in Chicago Medical College.

Prostitution is defined to be sexual congress for gain. Three years ago I published in THE EXAMINER my investigations into the results of the license system adopted in Europe for the regulation of this evil; showing its utter failure to diminish disease, and its positive effect to increase vice. My facts and deductions were received with incredulity by many, but, since that time, European writers have taken up the same topic, and been forced by facts and statistics to the same conclusions.

At the present time there is a renewed movement in favor of importing into our large cities, what is called the French system of regulation, and many very intelligent persons are anxious for its adoption in full French form, forgetful of the fact, that American reforms can only succeed when carried out on American plans, and not on worn out systems which have already proved worthless beyond the sea.

The facts and figures which I shall adduce, will show that the French plan is adapted, neither to the genius of our government, nor to the habits and character of our people. It was born of a public sentiment that neither hoped nor desired any diminution of the prostitution itself, but only such a limitation of its effects, as should enable men to wallow in its moral nastiness, without contracting physical disease. The American public sentiment is as different from this, as the north wind is from the breath of a cess-pool. We demand diminution of the vice, reform of the unfortunates, and limitation of the disease, and, we expect, in some good degree, to realize all of these objects together.

The usual arguments, on both sides, are these: First, on the side of the French scheme, it is said that prostitution has always existed, and that it is practically impossible to extinguish it by police regulations, and hence it is better to license it, and put it under sanitary control with the hope of limiting the spread of venereal diseases. It is further urged, that the patrons of prostitutes are not the only sufferers, but they marry innocent parties, and transmit to their wives and children the diseases which they contracted in the houses of infamy. Now, a weekly inspection of the prostitutes, and a consignment of all the diseased, each time, to a prison hospital until cured, might be expected to greatly diminish the venereal disorder among them, and thus make them much safer companions to their patrons, and diminish the amount of infection carried from them to innocent wives at home. It is hoped, also, by having the prostitutes under control, to abate their disorderly general behavior.

On the other side, it is replied, that the legalization of fornication is abhorrent to the moral sense of the community. If it is true, that it is impossible to entirely extinguish prostitution by police measures, the same is true of gambling, confidence operations, burglary, and murder. These have never been extinguished, but neither should they be licensed. It is feared, also, that the effect of giving prostitution a legal sanction, would be to throw around it a false respectability, which would greatly

increase its influence, and by increasing its amount make the diseases fully as prevalent as before.

These arguments, both *pro* and *con*, are purely theoretical. We want the facts and the figures. What is the license system? What are its results? Does it diminish the disease in communities where it exists? Does it increase the prostitution? Let us seek for the answer.

In order, the better to arrive at some conclusion, as to what are the duties of American cities in respect to this evil, it will be well to take a brief survey of the measures which have failed in times past.

Numerous efforts have been made to suppress prostitution by the power of the law, but they have uniformly failed, and ended in either a tacit or an express toleration. The fact is, there are two classes of social offences in the world: one class, such as theft, burglary, and murder, is committed upon unwilling victims. In these cases, the sufferer, by his vigilance and his desire of safety of person and property, is the ally of the police, and does his best to help them prevent the crimes, or to punish the criminals; but, in prostitution, gambling, and drunkenness, both parties are in collusion, and do their best to shield themselves and each other from detection or interference, hence the police have no allies, and, in these offences, have always been obliged to tolerate misdemeanors of whose existence they were well aware, to an extent much greater than they do in theft and robbery. In these things, the police can only succeed in proportion as they are sustained by an increased moral purity, and intellectual advancement of the public.

Among the Roman emperors, Constantine the Great, Theodosius I, Theodosius II, and Justinian enacted severe measures against prostitution, but, as they ruled over cities whose corruption was so profound as to be almost inconceivable to modern minds, it is not likely that they met with any great success in their efforts at repression.

About the year 1254, St. Louis of France, after his return from Palestine, made two vigorous efforts to suppress the vice, but was finally forced to tolerate prostitutes in certain quarters

of the cities. In 1560, an edict ordered the suppression of all the houses in France. The corrupt public sentiment gave no support to the law, and in Paris, great popular resistance was made; however, in about five years, the energy of the government succeeded in closing all the brothels in the city, but there sprang up such a number of private places of vice, that the evils of these secret dens, combined with the difficulty of maintaining a constant police tension against popular sentiment, caused a relaxation of the efforts, and a return to a sort of variable mixture of toleration and repression. (*Prostitution dans la ville de Paris, par Parent Duchatelet.*)

In Spain, the popular corruption became so great, that even the clergy and the convents were contaminated. The government attempted to stem the torrent by several severe prohibitory edicts, but in vain. Discouraged by bad success, toward the end of the 15th century a system of toleration and regulation was adopted, but, in 1623, there was so much dissatisfaction with that plan, that Philip IV again resorted to repression. In 1700, the government seemed to become again discouraged with that policy, and abandoned it, doing nothing more of any consequence until five years ago, when they again took up the toleration and regulation system.

In Berlin, prostitutes were tolerated in a do-nothing kind of way until the reformation, when repressive measures were attempted, but with such poor success, that after some variations, they were abandoned. The prostitutes were now tolerated, but required to live in a certain quarter of the city. This produced such a decline of the value of property in that vicinity, that real estate owners brought great pressure to bear on the government, and in 1844 a new suppression was attempted. After ten years of repression, during which it is claimed, that vice and disease increased, the present system of toleration and regulation was adopted, which, in its turn, is falling into some disrepute, from the utter inability of the police, by their own confession, to get more than a small fraction of those, whom they believe to be prostitutes, under registration and control. (*Westminster Review*, articles on prostitution, 1869-70.)

In England and the United States, no very decided policy was pursued until recently, the general plan being to have laws on the subject, but not to push them to any vigorous execution. In Philadelphia, however, the police at one time assailed the prostitutes with such energy, that at length there was not a single known brothel left in the city. To what extent this really diminished prostitution and its diseases, it is not easy to say, as no statistics were collected, but they met with an evil of another sort, which appears to have always cropped out when police efforts are more energetic than the morality of the community will sustain. The trouble referred to is this, the more crafty of the strumpets, driven from their usual haunts, boldly got recommendations of good character, and took positions as servants and nurses in respectable families, and thus carried on their business under cover, often by the connivance of the master of the house. The horror of respectable housekeepers who chanced to have sons growing to manhood, with such women in daily contact with them, may be easily conceived. This difficulty, combined with the fact that police energy can never be kept long straining at an aim much above the current morality of the community, broke down the plan, and caused a return to a sort of *tolération*.

In Chicago, no system of any kind has been regularly pursued. The police have never believed that they could eradicate the houses, and have felt obliged to give them a kind of half toleration. They have, however, made a practice of moderately harrassing them by "pulling the houses," that is, arresting, occasionally, all the inmates and fining them. There was, however, no serious expectation of breaking them up, as the women paid their fines and immediately resumed their business in the same places. During the administration of Mayor Wentworth, some ten years ago, these measures were pursued with more vigor than usual, and a disreputable street on the "Sands," entirely occupied by these creatures, was broken up and evacuated, thus removing a very disgraceful publicity of the vice.

The general result of all experiments at repression is this: In small towns of high moral tone, the combination of a virtu-

ous and educated public sentiment, with judicious police action, is able to make a very encouraging headway against this class of offenders, but where there is a large class of sailors, immigrants, and vicious persons, in short, where public sentiment does not go hand-in-hand with all their measures, the police are left without allies, and can do almost nothing. It further appears, that when police action is at once severe and far ahead of the moral sentiment of the population, the prostitutes are driven into private families and other places as employés, and become, by contact with respectable young persons, new centres of corruption. We may, therefore, without hesitation, draw this conclusion. There is no wonderful quack remedy for the immediate cure of this evil. It must be attacked with broad plans and wide measures. It will be suppressed just in proportion as public virtue and intelligence grow among all classes, and lend their support and power to any police measures which may be adopted. Repression must be based on reform.

THE LICENSE SYSTEM.

The failure of repression having become evident, the idea sprung up of endeavoring to register, license, and regulate the prostitutes, and by placing them under official and medical control to eradicate their diseases.

On the continent of Europe, this plan has been adopted in Spain, Italy, France, Holland, Belgium, and Prussia. A similar measure has recently been introduced into some of the garrisoned towns in England, and, also, during the past year, into the city of St. Louis, in this country. The details vary, but the general plan is this:

1st. All prostitutes are tolerated on condition of registering their names with the police.

2d. They must live only where the police permit them.

3d. They must appear once or twice a week at certain designated places, where two physicians examine them, allowing the healthy to return to their abodes, and sending the diseased to a prison hospital until they are cured.

4th. They must pursue a quiet, orderly, unostentatious mode of life.

5th. Those not registering, or not conforming to the rules, are subject to fines and imprisonments.

In England, this plan was adopted, as it were, clandestinely. The popular sentiment being so far jealous of individual liberty, that it was not believed that the right to arrest and imprison these women in hospitals, without trial, would be granted if asked for openly, a law was got through in 1866, ostensibly to improve the sanitary condition of the army and navy. It granted power to the superintendents of police, in five naval towns, to arrest any woman in the place, or within fifteen miles of it, who should be complained of as believed to be a prostitute, and subject her to a forced medical examination. If she was found to be diseased, she was to be imprisoned in hospital, without trial, or any legal determination of the question whether she was really a prostitute. Soon after, the act was quietly amended so as to include all places where there was any naval station, garrison, fort, or battery, so that, without any public discussion or popular consent, and under cover of an act nominally intended to improve the sanitary condition of the army and navy, the people discovered that nearly the whole kingdom had been placed under a law, by which the malice or blundering of a superintendent of police could ruin the reputation of any woman in his district, without the possibility of protection or remedy. (*Westminster Review*, April, 1870.) This revelation excites considerable popular indignation.

The regulation system was adopted in St. Louis, (U. S.,) during the past year, and in form differs somewhat from the French plan, being apparently less perfect. It consists of an ordinance requiring the usual registry, etc., and dividing the city into six districts, each of which is under the care of one medical examiner. The latter has a salary of from \$1200 to \$2500 per annum, and goes alone to houses and apartments of the prostitutes, where he is directed to make inquiries, and, *if he thinks necessary*, physical examinations. He then gives such sanitary directions as he judges best, and orders any of the inmates to be removed to hospital, whose condition, in his opinion, requires it. There appear to be two mistakes here: 1st. As the phys-

ician is allowed his discretion about the physical examinations, and as he can save a vast amount of time and labor by omitting them, it may be expected that this part of the work will be very inefficiently done. 2d. The plan of sending young physicians alone to private interviews with young and handsome women of this character, often living semi-respectably in their own apartments, will infallibly corrupt a large part of the examiners, and when the facts begin to come out, it will bring the characters of all of them into scandalous disrepute. The French avoid these objections by requiring the prostitutes to come to specified places for examination, where two physicians are in attendance together. They also endeavor to secure thoroughness by requiring the physical examination to be invariably made. The St. Louis establishments are taxed as follows: The keeper of the house \$10 a month, and \$1 a week for every girl in it, besides which the girls pay 50 cts. a week, each, so that every prostitute pays about \$26 a year, and each keeper of a brothel about \$300 on an average. The funds collected are applied to the hospital expenses.

RESULTS OF THE EFFORTS AT REGULATION.

The proposition to register and regulate what we find ourselves compelled in some form to tolerate, has, at first glance, such an air of practical common sense about it, that most persons are predisposed to hope more from the plan than experience justifies. The idea of compelling all the prostitutes to register, examining them weekly, and taking all the diseased ones under treatment, has such an appearance of completeness and practicability that one is predisposed to say, at once, that here is a plan capable of rooting out most of the venereal diseases that afflict the community. In this matter, however, as in many others, "'Tis distance lends enchantment to the view," and the theory is not sustained by the results.

The first essential condition of the compulsory license system, is a reasonably complete registry of the prostitutes, for, if the police do not succeed in enrolling their names, they will never get control of their persons, nor eradicate their diseases. As the first step, therefore, we must inquire into the success of

COMPULSORY REGISTRATION.

To those who have not investigated this subject in practical form, the idea of compelling the women to register seems very simple and easy. All that is necessary, they say, is to pass an ordinance to that effect, providing suitable penalties for those who refuse, and it will be done. The experience, however, of the most powerful and best organized police forces of the world, has confronted us, at the outset, with a dismal failure. Compelling women to do anything they do not wish to, seems to terminate about like Gov. Peter Stuyvesant's efforts to make the Dutch girls of New Amsterdam wear more petticoats. He was forced to desist enforcing his ordinance for fear they would at length leave them off altogether.

It is found on the continent of Europe, that the women resist and evade the registry to the utmost of their power, braving all the penalties, in such vast numbers, that the police is to a great extent powerless.

In Brussels, December 1, 1868, the registered women inside the walls of the city were 316, while, at the same time, those who escaped registry were estimated at 350. Of the registered women, 153, or nearly half, were diseased during the year, in spite of the sanitary measures. Outside the walls there resided great numbers more, who contrived to defeat the registration. (*Acton on Prostitution.*)

In Rotterdam, in eleven years, from 1857 to 1867, inclusive, the average number of registered prostitutes was 313, while the actual arrests of clandestine strumpets was 141, from which the large number of others, whom the police suspect but cannot convict, may be readily inferred. A physician in Rotterdam says the clandestines are very numerous, and that mothers lead on their daughters, and parents baffle the police by claiming and recovering their minor daughters, in order to profit by their clandestine prostitution. (Young clandestine girls will often bring in much higher profits than those who are known as public strumpets.)

At the Hague, in Holland, the commissary of police says the number of clandestines known to the police, but whom they

cannot get under control, is "always increasing," and he is sure that the number not known to them is still greater.

A gentleman writing from there says, "many women, desirous to dress more finely, obtain the means to do it by prostitution, and the police know very well, that they cannot, and dare not, place the majority of such women under control."

Dr. John Webster, who wrote an account of prostitution in Naples, which has the same system of regulation as Paris, says, claiming to speak from the information of official documents, that more than half the registered prostitutes were found diseased, and that there were large numbers of clandestines. He remarks, "indeed, there, as in Paris and elsewhere, police laws do not diminish prostitution, nay, they even augment immorality."

In Paris, the utter inability of the police to compel any large proportion of the prostitutes to register, has, of late, been exciting public attention and discussion. M. Leon Lefort, Surgeon of the *Hopital du Midi*, with characteristic French faith in the omnipotence of government to abolish all the evils of society, comes out in a work advocating more vigorous efforts. He calls for the establishment of a special police force large enough to manage 50,000 women, with hospital facilities and a medical corps to correspond, and then demands, that all the loose women, not excepting even young girls living under the parental roof, be taken by the strong arm of the law, and placed in the public brothels. (*Lefort on the Prostitution of Paris in Relation to the Propagation of Venereal Diseases.*)

This project to provide for 50,000 of these women, compared with the fact that the police have been able to place under control less than 4000, is a startling confession of the failure of the system. M. Lecour, Chief of the *Bureau des Mœurs*, whose means of information are better than any one else's, estimates the number of Parisian prostitutes who escape registry at 30,000, while there are only 3853 on the book of record. (*Westminster Quarterly Review*, from April, 1869, to April, 1870.)

In Berlin, in 1868, the number of registered women was 1650, while the number of those "suspected" was 13,306, and the

“suspected but more circumspect” were about 12,000. It appears, therefore, that in Paris the officers in charge of the matter are of the opinion that they have got less than one-seventh of the prostitutes under control, and in Berlin they have got less than one-fifteenth of those suspected. (*Westminster Quarterly Review*, Jan., 1870.)

Parent-Duchatelet, a former Chief of Police in Paris, makes the assertion that a review of the experience of the police, forces the conviction of the “uselessness of all measures taken by the administration to prevent prostitutes from inhabiting hired apartments (*les maisons garnies*) and prostituting themselves there just as in the public brothels.” (See Duchatelet’s *Prostitution dans la Ville de Paris*.)

The conclusion of this part of the subject is plainly this: The very first step in the regulation system of Europe, *viz.*: the compulsory registration, is a dismal failure. It is a very easy thing to say that every prostitute shall be registered or punished, and those who have not tried it, generally suppose that there will be no special difficulty in that part of the enterprise, but theories are sometimes erroneous. The stubborn fact is, that in defiance of authority, nine-tenths of these women will not register, and the police of Paris and Berlin, both far more despotic than public sentiment will ever permit ours to be, have found it impossible to compel them. Experience has brought to light the reasons of this unexpected result, of which the following are a part:

1st. There is, among the men who patronize such things, a preference for clandestine women, which, according to my observation as a physician, is strong enough to baffle police power. Men generally have some disgust at the idea of a woman, who is an openly recognized strumpet, whose vagina they know to be a common sewer for the evacuations of every beastly wretch who tenders the customary fee; but the clandestine woman is surrounded with all the charm of secrecy, with the appearance of decency, and, to some extent, even of womanly modesty. She lives retired and not known as a prostitute, generally having some reputable business as part of her subsistence, and her

favours are often not given promiscuously, but only to some selected ones. Indeed, many young men go to their apartments under the impression that they have won favours of a person almost wholly virtuous. Every physician knows how general this idea is among a certain class of young men, even after they have caught disease from the supposed virtuous female. Now, the demand creates the supply, and this preference of the men, which is a part of human nature, always ensures that most of the loose women will be clandestines, for the simple reason that most of the demand and the pay is for such.

2d. This preference of the men is strengthened by the fact, that one who goes to a known house of prostitution, must run much risk of meeting, either there, or in entering and departing, some one who knows him and will divulge his visit, a danger which he avoids in calling upon a respectable clandestine.

3d. Experience and the testimony of the European police, proves, that the women themselves, for many reasons, revolt with all their power against being placed under control. In the first place, many are acting in the capacity of kept mistresses, and no police in the world ever pretends to register these. A large proportion of the rest have still some hold on respectability, and cherish, secretly, hopes of reform and reputable marriage, a hope which they not unfrequently realize. When they are arrested by the police, they are rudely torn from all these expectations of happiness, and plunged at once into an abyss of despair and infamy. They would be less than human if they did not resist and evade this horror by every effort and subterfuge within their power.

4th. Many young prostitutes are minors living with their parents, and, though debauched in morals, still in an attitude where there are hopes of reform and of marriage. Now, in such cases, as well as in those of older women who are quiet, modest in demeanor, and not generally known as prostitutes, with hopes of better things before them, the police magistrates naturally and properly hesitate to tear them from their shelter, and from their last hopes of virtue and reform, by consigning them to the position of open prostitutes; besides, the popular

resentment excited by arresting this class, is such, that the police practically cannot do it.

5th. Most women utterly abhor the medical examinations of their persons, and the more so, as they must of necessity, from time to time be found diseased, and then they will be imprisoned in a hospital until their recovery, a period sometimes of many months. Hence the question is presented to them in this light, if they register, they are sure of being imprisoned every time they are diseased, whereas, if they evade the registry, and present the appearance of quiet, respectable women, with an apparent means of subsistence, they hope to escape imprisonment altogether, as well as the shame, exposure, and other horrors of being known as public whores.

With all this array of motives, it is no wonder that the registry is a failure, and we readily see that it is not any fault of the police that they cannot enforce measures which are opposed by the strongest instincts of human nature.

It may throw some light on the character, motives, and position of clandestine prostitutes, to give a few of the cases which have come under my notice as a professional man. I have altered the initials and unimportant details enough to avoid betraying professional confidence:

A. S.—Married—has been handsome. Her husband is a drunkard, and leaves her with but little means of subsistence. She ekes out her support by quietly receiving a few elderly men of means, who pay well for select favors.

M. M. G.—Married—costumer by trade. Takes subordinate parts in theatre. Member of a Protestant church. Has a family of children. Not handsome. Has a few appointments with widowers, etc. Sunk by degrees to a lower and lower level.

B. G.—Servant girl—Catholic in religion. A giddy, thoughtless girl, fond of display. Gets means to dress occasionally by submitting to men willing to pay.

L. D.—Married—English—husband a retail grocer. Has a family of young children to whom she appears devoted. Adds to the general income of the establishment, apparently with the

connivance of her husband, by receiving sundry well-paying men.

B. S.—Quite a youthful-looking girl. Acted as mistress to a wealthy man, who furnished her with means and dress. Becoming dissatisfied with her paramour, she left him and took up with a small manufacturer—living in his house—passing as his niece, and acting as housekeeper. Mental distress at her position and prospects began to tell on her health, and she was seriously threatened by symptoms of pulmonary consumption. Learning that she had a respectable father living, who would be glad to receive her home, I advised her to leave her paramour, return to the parental roof, and by reform and good care endeavor to avoid the threatened consumption. She accordingly told her lover that she had resolved to leave him. He was surprised, and after a few minutes reflection told her that he could not do without her, and would marry her, and sending for a clergymen he immediately fulfilled his promise. Relieved of the mental horror inspired by her degraded condition and prospects, she became at once cheerful, recovered her health, spirits, and beauty, and made a happy and virtuous wife.

M. C.—Widow. Lived with a respectable married sister, the wife of a captain of a lake vessel. She made appointments with single gentlemen—going to their apartments, and not receiving them at her own room. As the years passed on she sunk lower, and finally went into a brothel.

A. A.—Dressmaker—unmarried—not handsome, but has a charming air of reserve and modesty. She apparently seeks no appointments, but yields to the solicitations of men of the higher class, and accepts such pecuniary recompense as they give her, each one being of the opinion that he has been almost the sole recipient of her favor.

R. L.—A widow in straightened circumstances. Took to receiving all sorts of men, and soon acquired the reputation of a common strumpet. Seems to have had very little sense of honor and decency, but became alarmed at the disturbances created by her conduct, and either reformed, or else became

more secret in her vice. Retired to live a quiet life in the house of her brother.

These are fair samples of clandestine prostitutes, and in them may be seen some of the complex influences which make it certain, not only that they will not register as open strumpets until compelled, but, that in most instances, no police will think best to attempt the compulsion.

Experience shows, that the police are yearly losing ground in the matter of registry, and the prostitutes, in annually increased numbers, defy the law, and rush to supply the demand for clandestine paramours.

In Paris, where the effort of the police has been, so far as possible, to cause all the registered women to live in the public brothels, the result is, that while in 1857 there were 1976 women in the brothels; in 1867, when the population of the city had greatly increased, they had diminished to 1302. M. Lecour, the Chief of the *Bureau des Mœurs*, says, that the number of licensed houses in Paris and its suburbs in 1842, was 229, but in 1854, in spite of the exertions of the police and the growth of the city, they had diminished to 204, showing that the prostitutes were seeking clandestine abodes. The number of registered women fell off from the same cause from 4171, in the year 1841, to 3853, in the year 1867.

In Rotterdam, during the same ten years, the registered women diminished from 353 to 258, while the population increased materially. At the Hague, during the same ten years, the brothels diminished from 15 to 9, and the number of registered women from 130 to 82. (*Westminster Review*, January, 1870.)

It thus appears, that not only have the great majority of the women escaped the forced registry heretofore, but their skill in evasion increases, and the small fraction now on the books is yearly growing less.

FAILURE OF THE LICENSE SYSTEM TO DIMINISH DISEASE.

The great argument, and the only one of any value, used in favor of Americans copying the European system, is the assertion, that thereby we shall very greatly diminish venereal dis-

ease in the community, and, in fact, almost eradicate it, as vaccination has done to small pox. Here lies the pith of the whole matter. If this could be effected, the European plan would deserve, at least, an attentive consideration, to see if it were adapted to American circumstances.

The fact above shown, that the police of Europe only get control, according to their own testimony, of a small fraction of the prostitutes, is adapted to sober our hopes of eradicating syphilis by copying their method. The best source of information is the amount of disease among the soldiers, before and after the adoption of this plan. In England, the "Contagious Diseases Act" of 1866, was applied to five districts, for the express purpose of improving the health of the army and navy, with the following results. (*Westminster Review*, Jan., 1870.)

TABLE SHOWING THE NUMBER OF ADMISSIONS INTO MILITARY HOSPITALS PER 1000, OF MEAN STRENGTH BEFORE AND AFTER THE ACT:

Districts,	1865	1866	1867	1868	Act went in effect.
Devonport and Plymouth,	360	317	312	280	Oct. 10, 1866.
Portsmouth,	329	359	378	348	" 8, "
Chatham and Sheerness,	292	326	277	275	Nov. 6, "
Woolwich,	204	219	255	191	" 6, "
Aldershot,	302	233	261	237	Apr. 12, 1867.

From this it appears, that though in the first two districts, there was, in 1867, a slight diminution of disease, which has been much extolled by writers as due to the operation of the Act, yet, in the three others, there was an increase more than sufficient to balance it, so that, for two years there was, on the whole, an increase of disease, which, however, diminished again subsequently. In this case, the Act had, probably, little to do with the increase or diminution; for, statistics show, that owing to better management and improved habits of life, the health of the army had been, on the whole, improving for years, and the figures happen to show that this improvement was more rapid before the passage of the License Act than after. The following table from a writer in the *Pall Mall Gazette*, March 3, 1870, makes this evident by comparison with the previous table:

AVERAGE RATIO PER 1000 OF MEAN STRENGTH OF ADMISSION TO
MILITARY HOSPITALS:

Years,	1860	1861	1862	1863	1864	1865
Ratio,	421.20	408.60	361.40	363.40	296.	297.40

Or, in brief, for five years before the Act, there was an annual diminution of 21 admissions to hospital per 1000 of mean strength, while, for the two years after the Act, the diminution was only 12 per 1000, annually.

It appears, therefore, that the Act has not rendered the five districts to which it applied any better for the army. The operation of the Act on the British army in Bengal was perfectly similar, admissions to hospital under it having increased from 166 to 199 per 1000 of mean strength.

It has been claimed, that the French armies were made much more free from venereal diseases than the British army by the license system, and figures of the relative numbers of venereal cases admitted to hospitals are quoted from the military reports to sustain the idea; but the comparison is worthless, for this reason, in the French army the venereal cases are nearly all treated, as the phrase goes, "in quarters," and do not appear on hospital record, while in the British service they all go to the hospital, and stand recorded on the books. Hence the official registers of the two nations furnish no means of comparing the amount of venereal disease in their armies. In the army of Holland the same results are seen. After the license system was put in operation there, the venereal diseases among the soldiers diminished in some towns and increased in others, but the average result was an increase. Before the adoption of the plan, there were, in 15,913 soldiers, 1786 venereal cases, equal to 11.2 per cent., but since the act attempting forcible regulation, the venereal cases have increased to 13.3 per cent. (Statistics published by Dr. Huet, 1st physician to hospital at Amsterdam.)

In 1867, while traveling in Europe, I gathered statistics from non-licensed cities, to see how the ratio of venereal diseases to all kinds of cases in the civil hospitals, compared with the ratio in similar hospitals under the license system of Paris. The following is a brief summary of results :

TABLE SHOWING THE PROPORTION OF VENEREAL PATIENTS TO ALL KINDS TREATED IN CIVIL HOSPITALS WHERE NO LICENSE SYSTEM EXISTS:

Cities,	Venereal Cases,	Cases of all kinds,
Chicago,	580	4,147
Philadelphia,	1,127	12,292
New York,	1,833	23,314
Liverpool,	2,073	63,074*
Manchester,	3,500	75,000*
London,	3,357	31,264
Totals,	12,470	209,091

*The figures from Manchester and Liverpool appear large, because the out-patients were included; in the other cities there is no record of out-patients.

Or, one venereal case to about $16\frac{3}{4}$ of all kinds. In Paris, the published reports of the Prefect of Public Assistance, show as follows:

Venereal cases, ----- 5,276,
Cases of all kinds, ----- 84,267.

Or, one venereal case to about 16 of all kinds. I should remark, that had I included the Saint Lazare, which is the prison hospital for prostitutes, the French statistics would have appeared still worse, but I excluded that, because there is no similar thing in the other cities. As it is, venereal diseases, in spite of the supposed efficacy of the compulsory regulation, appear to be five or six per cent. more abundant than in cities which have no such system.

It is evident, therefore, that the European system of license and compulsory regulation has not made the slightest perceptible progress in eradicating, or even abating disease from the community, so that, in respect to the main object of its establishment, it is a costly and damaging failure.

How is this surprising result to be accounted for in the face of the fact, that the police do make a very marked diminution of venereal cases among the few prostitutes whom they succeed in getting under control?

The truth probably lies just here. In the first place, the number put under control, is only a small fraction of the licen-

tious women in any city, so small that the improvement thus made amounts to but little, and secondly, the fact that the police are supposed to keep the strumpets free from disease, acts as a magnificently delusive advertisement to all the young men in the city, leading them to suppose that licentiousness has now become almost safe. They, therefore, rush into indulgence with greatly increased frequency, and find, to their cost, that syphilis is fully as easily found as before. In other words, the license system increases the patronage of vice more than it diminishes the disease, and, by multiplying the number of exposures, more than makes up the diminished risk of each particular act.

As a professional man I have been compelled to laugh at the frequent instances where young Americans have, with infinite gullibility, cohabited with loose women in Paris, because they supposed it safe there, but were utterly astounded afterwards to find they had contracted syphilis or gonorrhœa.

THE LICENSE SYSTEM INCREASES PROSTITUTION.

If the plan of license and forced registration, while making little or no impression on the amount of disease, actually increases prostitution in the community, American public sentiment will condemn it to oblivion. In 1867, I gathered from various sources, at some expense and much labor, the means of making a comparison between the number of prostitutes known to the police in the non-licensed cities, and those registered in the licensed ones. This method of comparison of the morals of the two classes of cities, does no injustice to the licensed portion, because the number of prostitutes practically known to the police, is always greater than the number they are able, as a matter of fact, to register.

TABLE SHOWING THE PROPORTION OF REGISTERED PROSTITUTES
TO THE POPULATION IN LICENSED CITIES:

Paris,	1	prostitute to	281	inhabitants.
Brussels,	1	"	435	"
Berlin,	1	"	437	"
Copenhagen,	1	"	564	"
Hamburg,	1	"	359	"

La Haye,	1	prostitute to 750 inhabitants,
Rotterdam,	1	" " 267 "
Amsterdam,	1	" " 286 "
Turin,	1	" " 193 "
Bordeaux,	1	" " 270 "
Brest,	1	" " 159 "
Lyons,	1	" " 424 "
Marseilles,	1	" " 286 "
Nantz,	1	" " 378 "
Strasbourg,	1	" " 251 "
Algiers,	1	" " 102 "
Average,	1	" " 342 "

TABLE SHOWING PROPORTION OF PROSTITUTES, KNOWN TO THE POLICE, TO THE POPULATION IN CITIES NOT LICENSED:

Chicago, (1867),	1	prostitute to 230 inhabitants.
New York and suburbs,	1	" " 518 "
London and suburbs,	1	" " 544 "
English great seaports, Liverpool, Bristol, & Plymouth,	1	" " 193 "
English pleasure towns, Brighton, Bath, etc., etc.,	1	" " 244 "
English towns dependent on agricultural districts, as Ipswich, etc.,	1	" " 309 "
Seats of English cotton manufactures, as Man- chester, etc.,	1	" " 557 "
Seats of English mixed manufactures, as Nor- wich, etc.,	1	" " 478 "
Seats of English woollen manufactures, as Leeds, etc.,	1	" " 654 "
Seats of Eng. Iron manu- factures, as Birming- ham, Sheffield, etc.,	1	" " 709 "
Glasgow,	1	" " 394 "
Madrid, (before 1865),	1	" " 270 "
Average,	1	" " 425 "

It appears, therefore, that the proportion of registered pros-

titutes to the population, is 24 per cent. greater in cities adopting the license system, than in those not adopting it. With this evidence before us of the demoralizing effect of the European system, we must certainly hesitate about copying it, and choose rather some more hopeful method.

There are two forces which act in the matter of prostitution. One of these is the police power, and the other, the force of society. Each of these has its proper field of effort, and may have its honorable victories.

Considering the police power first, it seems to me that the following, must of necessity, be an outline of its course. First, with regard to

TOLERATION.

This is a settled matter. In Chicago, as elsewhere, the police do not feel able, in the present state of public morals, to break up or materially diminish prostitution. They already tolerate it. The irregular system of "pulling the houses," before described, may have been a slight discouragement to prostitution, by rendering it a trifle more expensive, and by keeping some men away from night visits, lest the house should happen to be "pulled" while they were there, but, practically, it amounted to nothing. Moreover, it entailed a serious evil of this sort. It tended to corrupt the police, by rendering it possible for employés of the force to levy black-mail, under threat that they would use their influence to cause the houses to be "pulled." The system has proved, therefore, not only inefficient, but mischievous. Impressed by these facts, the Board of Police, have of late, discontinued the practice, and ordered that the "pulling" shall be exclusively reserved for houses whose inmates are offensive and disorderly in their general behavior. Toleration, therefore, in some form or other, is inevitable, simply because there is so much licentiousness among men that law cannot restrain it. At some future age this may be different, if morality and intelligence shall increase as much in the future as they have in the past, for, in spite of all croakers, there is much less licentiousness now than there was five hundred years ago; but at present, toleration, as a matter of fact, is established and

inevitable, just as completely as it is in regard to gambling, which is immoral and illegal, but tolerated, because at present we cannot suppress it.

THE FORM OF TOLERATION.

American public sentiment is strong in its feeling, that any toleration granted, shall not assume an aspect of public sanction or approval of vice, and this feeling is not only strong, but eminently proper. We can readily see, that in various offences, we may find it best, to a certain extent, to remit the punishment, but never to withdraw our disapproval of the offence.

The English, with their characteristic bluntness, have committed an error in this respect in the execution of the Contagious Diseases Act of 1866. They give formal licenses to the tolerated houses, and regular certificates of health to the strumpets at each examination, which the latter can show to their patrons as an encouragement. The French, on the other hand, with their usual regard for the decency of public appearances, put their permissions in such a form as to recognize the offence, and they furnish the women with no certificate of health, but only a card memorandum of the date of the last medical examination.

If it is necessary to allow the prostitutes any permission, other than a verbal one, recorded on the books of the police, it should be in a form which recognizes the offensiveness of their profession, but grants them an exemption from the proper legal penalties during orderly behavior, or until further notice. A better attention to the decency of public acts than the English lawgivers have shown, will prevent much opposition on the part of some classes of society.

REGISTRY.

The police need for their purposes a list of these women, but we have seen above, that a compulsory registry is always a failure, the police of Paris, enrolling only 3853 out of about 30,000, and those of Berlin only 1650 out of 26,956 of those suspected. The reasons why the women resist the registry we have already dwelt upon, but, perhaps, the following ought to be added: The great mass of actual prostitutes, are not like the lowest class,

debauched out of all shame, and bereft of hope of better things. They have friends whom they love, and who often do not know their errors. They have family connections and some relics of a good reputation, as well as their liberty to preserve. . An European writer remarks thus: "For all these women registration at the *Bureau des Mœurs* means open social degradation; it sets upon them the mark of infamy; it compels them to commit themselves to a life of prostitution as a condition of continuing to exist, whereas, before they were but hovering on the brink of it, and still had it in their power to turn back; it means loss of valued acquaintances and of long cherished friends, and, worst of all, it means, also, but too often to be cast off by relatives, to be disowned and repudiated by father and mother, and thus virtually to be forbidden ever again to visit the beloved home of childhood and youth. An unregistered woman who has 'fallen,' or who has been tempted by any of the many reasons which impel women to prostitution, to prostitute herself temporarily, has it in her power to recover herself, and to resume her ordinary position in the society in which she moves, if, meanwhile, she discreetly keeps her own counsel, as she is likely to do; but the difficulty of recovery after registration is increased a thousand fold."

For these reasons, a forced registry, whose immediate consequence is to place the victim under medical and police observation and control, not only is an unavoidable failure, but, in regard to the majority of these women, ought to be so. Any system which could successfully drag them all from the remnants of their virtue, and crush out the last of their hopes of better things, by launching them beyond recovery, into open prostitution, would petrify the civilized world with horror the moment it was put into execution. It seems to me, therefore, that there is no other way for the police to possess themselves of a useful register, but to make a classified secret list from the results of information gathered by the various ordinary means within their reach. In respect to open and confessed prostitutes, there would be no difficulty in obtaining the information directly, but with clandestines, even the all-powerful police of

Berlin, with all their laws, is obliged to proceed on this indirect plan. An absolutely complete forced registry might have some advantages, but compulsory measures which the best organized police bodies of Europe cannot execute, will be found equally impossible to the police of Chicago. A private list thus gathered and kept by the Chief of Police, would be free from the evils of the compulsory registration, because unaccompanied by the risk of exposure from medical inspection and hospital imprisonment.

TREATMENT.

This is the great end sought by means of the forced registry and the compulsory placing of the prostitutes under police control. There is, abroad, a very exaggerated idea of what can be accomplished by these means. In the first place, the physicians cannot proceed a step beyond the list in the forced register, and as six-sevenths of the women, at least, are found to escape the registry, they escape, also, the hated medical inspection and hospital imprisonment. But there is a most mischievous error abroad as to what medical men can accomplish, even on those who are under control. The general supposition is, that when a physician has examined a woman and found no disease visible, she is entirely safe to her paramours. This is a fatal blunder, as many a man has found to his cost. The following facts, well known to professional men, but not so much so to non-professional readers, will explain my meaning:

There are three venereal diseases, gonorrhea, soft chancre, and hard chancre. The first two are purely local diseases, and do not produce any injury to the general constitution; the last is essentially a constitutional, as well as a local disease, and is the dreaded syphilis, which may break out anew after years of dormancy, and may be transmitted to offspring by inheritance. This last disease is the only one sufficiently important to demand public sanitary management. Now, the first two diseases may be experienced over and over again by the same person, but still individuals acquire a sort of partial insusceptibility to them, so that a practised prostitute will receive the poison from some diseased man, and carry it in the folds of her passages for

days, without taking the disease herself. In this way a woman, who is herself perfectly healthy, and has nothing about her which a physician can discover to be wrong, may give disease to twenty men.

There is a peculiarity about the last disease, called hard chancre and constitutional syphilis, which places the matter in a still stronger light. This, the only really dangerous one of the diseases, like measles and small pox, can usually be had only once by the patient. The prostitute usually gets the disorder reasonably early in her course, and thus becomes incapable of it thereafter. So far as that disease is concerned, therefore, she can carry the poison with impunity to herself, but woe to all the men who copulate with her, if any diseased man has been before them within a few days. In this case the physician is utterly powerless. He examines her passages by a good light, it may be, and with the most conscientious care, and finds nothing in her condition which he can see to be wrong, and yet within that very hour, some patron may receive from her a disease which shall cause his death. In Paris, attempts are made to abate this danger by ordering the woman to syringe out her vagina after each copulation. This, if carried out, would help a little, but there are two difficulties here:

1st. The poison by the copulation is well incorporated with the secretions in all the deep folds and recesses of the vagina, and would not be effectually removed by any syringing which the woman will be likely to carry out.

2d. There is no way to compel the prostitute to do it, nor to detect her if she does not. There would be no possibility of getting it attended to, so as to be of any use, unless a couple of policemen were detailed to wait on her constantly, and syringe her out by force, for two hours continuously after each cohabitation.

A prostitute who has been with a syphilitic man, though she remain perfectly healthy, has her vagina saturated with the man's poison, and remains for several days as dangerous as though she had syphilis herself. Probably four-fifths of all the venereal cases in men, are derived, not directly from the

woman's own poison, but from the virus wrought into her vaginal mucus by diseased men. By the same process, the poison is constantly renewed and kept on hand for the accommodation of her successive customers. In view of these well-known facts, it is a matter of utter astonishment, that any surgeon, or even any man of uneducated common sense, should suppose that a medical examination can give the least security to cohabitation with prostitutes.

These are among the reasons why medical inspection has proved an utter failure in Europe, so far as diminishing the disease in the community is concerned. There would be no possibility of checking the disease by such methods, unless the men as well as the women were examined, and all prostitution prevented, except where both parties were proved to be healthy. Now, I submit the question, whether it is advisable for the community to adopt a costly system, which, while it affects no diminution of general disease, acts as a delusive advertisement to lead men to suppose that the chambers of prostitution have at last become almost safe resorts.

PLAN FOR ACTION.

Though we have been baffled hitherto, it by no means follows that we are to fold our hands and do nothing. Although the hope of absolutely eradicating venereal disease will never be realized until prostitution itself ceases, yet we can do much in a sound, common sense manner to diminish its prevalence. There are only two things which will have any real effect in this direction, and they are these:

1st. Free treatment in hospitals for the prostitutes and all other venereal patients. Their residence in hospital should not be a compulsory imprisonment, which they will always resist and evade, but a voluntary thing to which they are to be led by kindly invitation, and by freedom from expense. In this way more prostitutes can be drawn into hospital than ever can be gotten there by force.

2d. A new plan of legal management by which police shall move on side by side with the lovers of humanity and religion in a grand movement of regulation and reform.

The police alone can do nothing. Society must go hand-in-hand with them, and then a work will be done of which the nation may well be proud. We shall presently show, that on the part of society, this work has already commenced, and shows such elements of power and success as promise the best results for the future.

Let us consider these two points in their proper order; and, first,

HOSPITAL ARRANGEMENTS.

In this matter the following plan seems to me feasible: Let an agreement be made with every hospital in the city to receive all women affected with venereal diseases who come with a permit from the proper officer. The woman is to be cheerfully welcomed, kindly treated, fed, lodged, and cured, free of expense, and the hospital is to be reimbursed from a fund derived from fines on disorderly persons and houses. If this is done, and a moderate police pressure be brought to bear on the more open houses of prostitution, to send up promptly all diseased cases, it will be found that more women, by far, can be made to avail themselves of it, than by a compulsory examination, and hospital imprisonment like that practised at the Saint Lazare in Paris. I advocate the distribution of women in ordinary hospitals, instead of building a separate one, for these reasons: A separate hospital for this purpose would be considered as purely an asylum for infamous characters, and attendance on it equivalent to a confession of open prostitution. The clandestine women would therefore avoid it, as they do all other forms of publicity, and, as they constitute the great majority of the female propagators of disease, the plan would defeat itself. Another thing is worthy of consideration. Most of the hospitals are under the care of religious bodies. Now, both the Protestants and the Roman Catholics have had in progress for years some very successful efforts for reforming these unfortunates, and they have already permanently restored to respectability nearly one thousand of them in this city. This work has been done silently, but it is of the most noble and successful character. Many prostitutes would, from preference, enter the

denominational hospitals, and thus furnish a most admirable opportunity for the reformatory associations to bring them under their influence, and not a few would thus be cured, both morally and physically.

The following is a list of the hospitals which probably might be made available; possibly others, also, exist which do not occur to my memory at this moment:

On the South Side, we have the Hospital of the Sisters of Mercy, (Roman Catholic), and St. Luke's Hospital, (Protestant), and the County Hospital; on the North Side, there is the Hospital for Women, not denominational, but practically controlled by Protestants, the Hospital of the Sisters of Charity, and the Jewish Hospital.

Some of these institutions at present hesitate to receive this class of patients, but, if it were once understood that the desire of the authorities is, to go hand-in-hand with the lovers of religion and humanity, and by a united effort do what we can, both to limit disease and lift up the unfortunate, every hospital in the city would open its doors, and every religious denomination would applaud and sustain the plan.

To treat the women alone, however, with the hope of removing syphilis from the world, and leave the men diseased, is as hopeless as to draw out the water from one arm of a syphon, when the other is immersed in an exhaustless reservoir. Each of these hospitals should receive male patients at a free dispensary, daily, and treat them thoroughly; receiving from the fund before mentioned, a slight compensation to cover the expenses.

At present we have the following free dispensaries, most, or all of which could be made available:

On the South Side, the Davis Free Dispensary, kept at Mercy Hospital, the Dispensary at St. Luke's Hospital, and that at the County Hospital. On the North Side, there is the Dispensary at the Hospital for Women, (which would avail for female out-patients), and the General Dispensary at Rush Medical College; probably, also, the Sisters of Charity Hospital, the Brothers' Hospital, and, perhaps, the Jewish Hospital would open dispensary rooms, if desired. On the West Side, there is

the Brainard Dispensary, which has been established several years, and would do good service. By these measures much would be gained, in fact, all that it is possible to do, until, by the growth of virtue and intelligence, and the diffusion of the knowledge of the dangers of prostitution to both parties, humanity shall be raised to a higher level, both of purity and of prudence.

THE REFORM OF PROSTITUTES.

Some curious misconceptions are prevalent on this subject. Among them is the notion that women in good society have no pity or help to offer to the outcasts of their own sex, but do their utmost to trample them into hopeless infamy. Now, it happens that the only valuable work that has ever been done in this field, has been accomplished by women. In the same flippant way, it is charged that the religious portion of the community totally scorn and neglect them. Now, it happens, also, that a great work has been silently going on for years, and that it is carried on almost exclusively by religious women, who, in this city, have already permanently reformed nearly one thousand prostitutes. They have done it, too, with such modesty and silence, that the community is almost unconscious that anything has been attempted.

Two hundred and twenty years ago, Jean Eudes, of Caen, in France, took up this matter, and founded an order of nuns called the Sisters of the Good Shepherd, whose entire lives were devoted to the reform of prostitutes, and the education and rescue of little girls, daughters of abandoned parents, or orphans on the road to ruin. They have now 113 establishments, of which 21 are in America. The prostitutes, when they first enter these houses, are received into a class called penitents, and are kept actively occupied in such a round of labor, religious exercises, singing, etc., as to leave them little leisure for gloomy reflection, while, at the same time, their needle-work, etc., pays for their subsistence. Those who continue steadfast two years, and desire to live permanently in the house, enter into a sort of religious order, called Magdalens. The others are sheltered until employment or homes can be found for them.

Great numbers are permanently reformed, though, of course, many others backslide.

The entire order now has under its charge about 7000 Magdalens, and has in its schools about 8500 little girls, who were taken out of the high road to ruin.

The House of the Good Shepherd in Chicago was established twelve years ago. It has 14 Magdalens, and 42 young rescued girls in school, besides a variable class of penitents. This house has already reformed nearly 500 dissolute women in Chicago. The experience of the order, is, that of the women who come to them voluntarily, more than half are successfully and permanently reformed, but where they are sent there against their will (minors are sometimes sent by parents) they are self-willed and angry, and rarely do well, yet, after being released, some of them return voluntarily, and become permanently reformed. There is a good deal of human nature in this fact, which may be profitably studied by those, who think it would be easy for our police to hunt up and subject to compulsory regulation some thousands of such women.

The Erring Woman's Refuge for Reform in Chicago, has been established about eight years. It is managed by an association of ladies from Protestant churches. It has hitherto received about 75 inmates every year, two-thirds of whom are professional prostitutes, and the rest non-professional women, who have been seduced and thrown upon the world. The non-professional ones are nearly all saved to virtuous lives, and about half the professional ones. They have already permanently reformed, in the eight years of their operations, about 300 habitual prostitutes, besides saving about 200 seduced women from that infamy. Many of the women are known to be happily married, some of them in the upper class of society. The plan pursued is purely one of protection, kindness, and encouragement. The women are taught literature and music, and whatever else they need: employment is sought for them, and, in case of women seduced and abandoned when pregnant, measures are taken to compel the seducer to, either marry the woman, or provide her suitable pecuniary supplies. Similar

Protestant institutions are in operation in all the large cities.

These two reform establishments, receive by law, a dividend of all the fines levied on prostitutes and disorderly houses, which enables them to greatly increase their usefulness.

THE DUTY OF SOCIETY.

The day is gone by, when prostitutes were considered hopeless characters. The investigations of the police of New York and of Paris has developed the fact, that vast numbers of them annually abandon the business of their own accord, and it is known that thousands are rescued by the benevolent. *Prostitutes are reformable*, and one of the duties devolving on us is to give the efforts in that direction a greater vigor and power, and a more liberal pecuniary support. At present there are three reformatory institutions in Chicago. One, the Washingtonian Home, is for inebriety, and receives ten per cent. of the license fees collected by the city. The other two are the Protestant and the Roman Catholic prostitute asylums. The two latter receive a percentage of the fines inflicted upon houses of prostitution. There is, however, an oversight in the law, by which the income thus derived is rendered a small thing. The vast majority of all the offending prostitutes and brothel keepers are fined as simply "disorderly," and not as prostitutes, etc., and by the wording of the law fines for "disorderly conduct" cannot be paid to the asylums. We need a new act to remedy this deficiency.

Commissioner T. B. Brown, President of the Chicago Board of Police, makes the following suggestion:

The great majority of the fines inflicted for misdemeanors arise from drunkenness and prostitution; now, let the fines levied on vice go for the reform of the vicious. Let the Legislature be asked for a general law, by which all fines levied in such cases, shall, after deducting court expenses, go into a special fund for the support of reformatory and curative measures. Let the hospitals have a certain allowance, and, as to the rest, either let the inebriate asylum receive its present per cent., and also all the fines levied for violation of license laws, and for drunkenness; and the asylums for the reform of fallen women

all the fines arising out of other misdemeanors (after deducting court expenses) or, else put the whole into one fund and divide it equally between the two classes, that is, half to the inebriate, and half to the prostitute asylums. In this way, police power, humanity, and religion, would all work harmoniously for the maintenance of order, the abatement of disease, and the elevation of mankind.

Finally, systematic efforts should be made through the press, and even the pulpit, to warn the young and ignorant, not only of the moral, but of the physical dangers of licentiousness. Especial pains should be taken to spread the knowledge of the fact, that women, not themselves diseased, are common-carriers of poison, and that there is no possibility by medical, or any other means, of rendering cohabitation with a prostitute safe.

To sum up all, we find that

1st. The European compulsory registry only enrolls a small fraction of the women.

2d. The system of forced medical examinations, with attempts to consign the diseased to hospital prison, totally fails to abate the prevalence of disease.

3d. It is better for us not to copy European failures, but to develop our own system.

4th. This system should consist, on the part of the police, in a strictly tacit toleration of the orderly prostitutes, a private classified registry, free hospital assistance for the diseased, and fines and imprisonments for the disorderly.

5th. On the part of society, there should be an extension of the present efforts to reform the fallen, and to rescue the young candidates for shame. Measures should also be taken, through the pulpit and the press, to warn the unwary of the physical as well as the moral dangers of licentiousness, and of the inefficiency of all known measures to render prostitution safe.

NOTE.—The reader desiring to investigate this subject will find the following to be the principal sources of published information:

1. *History of Prostitution*, by W. W. Sanger, M.D., New York.

2. *Prostitution dans la ville de Paris*, par Parent Duchatalet, complétée par M. M. Trebuchet et Poirat-Duval, Paris.
3. *Prostitution Considered in its Moral, Social, and Sanitary Aspects*, by William Acton, M.C.R.S.
4. *Eleventh Report of the Medical Officer of the British Privy Council.*
5. *Prostitution dans les Grandes Villes*, par le Docteur J. Jeannel.
6. *Prostitution and the License System of Europe*, in the CHICAGO MEDICAL EXAMINER, 1867: by Edmund Andrews, M.D., Professor of Surgery in Chicago Medical College.*
7. *Report from the Select Committee of the House of Lords on the Contagious Diseases Act.* Session 1867–8.
8. *Histoire de la Prostitution*, par Pierre Dufour.
9. *Magdalenism: Causes and Consequences of Prostitution in Edinburgh*, by William Tait, Surgeon.
10. *Articles on Prostitution in the Westminster Quarterly Review*, July, 1850; April, July, and October, 1869; and January and April, 1870.
11. *Report of the sub-Committee of the Association for Promoting the Extension of the Contagious Diseases Act.* July, 1869, London.
12. *Publication of the National anti-Contagious Diseases Act Extension Association, including Papers by the Rt. Hon. W. E. Gladstone, Prof. Newman, C. B. Taylor, and others.*
13. *The Remedy Worse than the Disease*, published by the Society for the Rescue of Young Women and Children, London.

CASE OF VARIOLA TEN DAYS AFTER SUCCESSFUL VACCINATION.—An infant, 27 days old, having every appearance of health, was brought to the Hospice des Enfants-Assistés on February 28, and vaccinated next day. On March 8, on account of the perfection of the pustules and the vigor of the child, twenty nuns, fifteen nurses, and a ladies' boarding school were all re-vaccinated from it. The next day an eruption appeared, which proved to be variola, of which the child died on March 13. None of those vaccinated from it took smallpox. In several the revaccination succeeded.—*Revue Med.*, Sept. 3.

CANCER OF TESTICLE, ETC.

By T. G. WILLIAMS, M.D., of Watertown, Wis.

Lewis D., German, age 28, conductor on street-car, noticed, six months ago, an enlargement of his right testicle; consulted a physician, who ascribed it to gonorrhoea, from which he was then suffering. It was treated accordingly. Symptoms abated at first. Subsequently, there were exacerbations of pain and swelling; after four months it commenced growing steadily and somewhat rapidly, no treatment seeming to control it. Pain of a lancinating character, and, previous to admission, the weight was very troublesome.

Admitted to Mercy Hospital, March, 1868. Prof. Andrews diagnosed it malignant and advised its removal. It was removed in the usual manner.

The growth was solid, of a pearly white color, and fibro-cartilaginous in structure. Weight, 12 ounces.

Recovered from the operation in the usual time, and nothing of interest was noticed, except the petulance of the patient and some enlargement of the cord. This, subsequently, passed away.

Returned to his work about the first of May, apparently as well as ever. Saw him a month after. He appeared to be in perfect health and good spirits.

Readmitted, in the latter part of June, in an unconscious and paralyzed condition. Evacuations involuntarily, staining his linen bright yellow. Bleeding considerably from a small wart on right shoulder; controlled only by a ligature about the base.

This and a small growth on the abdomen, to the right of the umbilicus, the size of a pea, were all that could be seen externally that was abnormal. Continued thus a few days, and, finally, died.

Post mortem examination revealed the cause of the symptoms. The base of the middle lobe of the right hemisphere of the brain was extensively disorganized, implicating the bones beneath it, and there were to be seen many other less extensive

deposits in various parts of the same hemisphere. But a few were found in the left hemisphere. The right lung was almost completely degenerated into a dark mass. This solidification was very apparent upon physical examination before death. The right lobe of the liver was extensively implicated also. The kidney and liver were united together by a growth which had its origin from the pelvis of the kidney, and was in size equal to three times that of a healthy kidney. The substance of the kidney was but little changed. The walls of the right ventricle of the heart contained two small deposits. The left lung was but little implicated. The left lobe of the liver and the left side of the heart, and the left kidney, and the left testicle were not visably implicated.

These deposits were melanotic, differing from the original affection of the testicle, which was white. The interest connected with the case, is that the deposits were almost wholly in the right half of the body, and the suddenness of the onset of the fatal symptoms. Nothing unusual was noticed two weeks before his death.

Query. Was the final result hastened by interference in removing the testicle?

COUNTER-IRRITATION.

By J. E. HENDRICKS, M.D., of Des Moines, Iowa.

Some author, whom I recollect having read, undertakes to *ridicule* the principle of counter-irritation by comparing the practice to that of a man, who, when his front door is assailed by robbers, commences with an axe to hew down the back door. It is obvious, from the illustration used, that this author has no rational conception of the *nature* of disease, nor of the *action* of its appropriate remedy.

Since it is a demonstrated fact that the molecules of all forms of matter have a rapid motion among themselves, and since,

from the laws of heat, we infer that different substances have different molecular motions, it is entirely consistent to conclude that the different organs and tissues of the animal organization have each a molecular motion peculiar to itself, and which differs in some respects from that of all other organs and tissues. This motion I will call the *normal* molecular motion of the tissue.

It is apparent that during the life of every animal organization, the normal motions of the tissues of which it is composed are subject to various sources of disturbance from without. These disturbing causes, in many instances, so change the normal molecular motion of the tissues that the *harmony* of motion in contiguous tissues, which is the essential characteristic of the state of *health*, is destroyed, and the resulting condition of the organism we call the state of *disease*.

This hypothesis of the nature of disease, though not an ascertained fact, harmonizes entirely with what we know of the conditions of health and disease; and, moreover, it accords with all the recent developments of physical science; and presents something physical and tangible to think and talk about, while searching for a remedy for the cure of disease.

Granting our hypothesis, and assuming, for instance, that in *iritis* the normal molecular motions of the iris have been so changed by the disturbing causes that, in the diseased state of the tissue, the molecular motion is more rapid than in its healthy state—that is, the disease is the result of an *increase* of the normal molecular motion of the iris; the *indication* for the cure of *iritis* would, therefore, obviously be to diminish the molecular motion of the diseased tissue. But material motion can only be arrested by material contact, or *interference*.

The only rational treatment will, therefore, be to administer some substance whose molecules have a less rapid motion than those of the diseased tissue, and which will come in contact with the molecules of the tissue, and, by *interference*, diminish their velocity. Let it be granted that the molecules of sub. muriate of mercury have such a motion. Then, because if the medicine is introduced into the stomach, it will enter the circulation and be brought in contact with every tissue in the organization,

it will, therefore, *necessarily* come in contact with the molecules constituting the iris, and, by interference, diminish their velocity. But calomel is found to be a specific for *iritis*; hence, if our hypothesis is true, our assumptions are correct, and we have in the administration of the medicine, a *rational* treatment of the disease. But, in many cases, we do not *know* a medicine whose molecules by interference will tend to correct the motions of those of the diseased tissue. What is the indication for a cure in such cases? Obviously, *counter-irritation*. That is, if we cannot act directly on the molecules of the diseased tissue, we may so change the molecular motion of a contiguous tissue that they, by interference with the molecules of the diseased tissue, will induce in them a change *toward* their normal rate; and thus we do, indirectly, precisely the same thing which we accomplished directly in the first case.

PUSHING THE FŒTUS THROUGH THE PELVIS.

Read before the Fox River Medical Society, January 9, 1871, by S. B. HAWLEY, M.D., Aurora, Illinois.

For fifteen years I have been in the practice of applying pressure with the extended hand over the umbilical region during the pains of labor, in those cases where a contracted pelvis or a large head delayed labor, after a full dilatation of the os uteri had taken place. And, I have many times felt fully satisfied, that I had seen highly beneficial results, both to mother and child, in saving time and suffering, as well as avoiding the the necessity of instrumental interference in many cases that would otherwise require it.

But recently a case has occurred in my practice, the history of which, in connection with the patient's former experience, so clearly demonstrates the wisdom and mercy of the practice, that I feel it my duty to report it.

Mrs. S., in her first labor, was attended by two of the best

physicians in our city, who, after a very protracted waiting for nature to deliver the patient, when exhaustion was manifest, delivered her with the forceps, losing the child, and hardly saving the life of the mother.

Her second gestation was terminated by a similar result, though in the hands of a skilful accoucher.

I first learned these facts at her bedside, after the commencement of her third labor. I found the rational cause of these difficulties to be a contraction of the superior strait of the pelvis, in its antero posterior diameter, about three-fourths of an inch below the average; so that, upon my second examination, although the os was so well dilated as to interpose no obstacle to the advance of the head, it still remained above the upper strait, with seeming small promise of entering it at all.

I at once resolved not to wait for nature to exhaust herself, but to supplement her efforts while they were the strongest, and, accordingly, placing my patient on her right side, near the edge of the couch, I took my station behind her, and, with each returning pain, I applied my right hand, with fingers extended to cover as much surface as possible, to the fundus uteri, and pressed, with all the force I could exert, in a line at right angles with the plane at the upper strait of the pelvis. It was not long till signs of progress were manifest, and in three hours time she was delivered of a living child, which weighed eight and a half pounds. Though the labor had lasted but this short time, the head was much elongated and compressed, showing that it had been forced to yield very much by the force employed. I have no doubt that had I waited upon nature's efforts, I should have been forced to the use of the forceps, at least, if not to a more objectionable resort.

I gave the patient chloroform, aiming to maintain the point where she would respond when spoken to, though not always correctly. In which state, I have frequently felt that all the muscular powers of the patient were more fully exerted to accomplish the delivery, than they could be when a sense of the suffering produced by the efforts would produce a voluntary withholding of the bearing down effort.

In some cases I find this external pressure borne without complaint of pain, while, in some, it will not be endured unless under much suffering. In the latter class of cases, chloroform will be found of great advantage.

I have studied, with considerable care, the possibilities of good and bad results from this mode of aiding the parturient patient, and cannot discover any objection that does not hold with superior force against any mode of relief that can be adopted if nature fails in her efforts.

It has been estimated, that the direct expelling force exerted upon the fœtus, may be placed at a maximum of about 80 lbs., now, it is easy to supplement this, in the mode I have indicated, by at least 50 per cent., which, applied at each recurring effort of nature, must, by so much, increase the chance of success, by a process the nearest possible in imitation of nature's own plan. And, while the fœtus is closely enveloped in the contracting womb, it seems to me, that there must be far less danger to it, by force so applied, than there is in the use of forceps. It may be abused in unskilful hands, it is true, but it is useless for science to expect to so adapt her means, that they shall always work well, in whatever hands they may chance to fall, she, as well as nature, must demand conformity to her laws.

And, since so many women are found that have not that muscular strength, with which the hard-working wife of the peasant makes so easy a task of her labors in general, what reason is there why the accoucher should not, by his own voluntary effort, add the few pounds of pressure, which a better developed muscular system in the mother would so surely add, if occasion required. Of course, this should be done only when and where obstacles or delay seem imperatively to demand it.

BELLADONNA IN ASTHMA.—The action of belladonna in asthma is twofold. It acts upon the vessels of the spinal cord, and diminishes its sensibility. Secondly, it acts upon the large pulmonary vessels, causing them to contract, and so stimulating the pulmonary circulation. Belladonna seems to cause contraction of the muscular fibres of all the large arteries, it also produces more rapid action of the heart.—*Medical Archives.*

PARACENTÉSIS TYMPANI.

By W. H. FITCH, M.D., Rockford, Illinois.

I do not propose to write an article, at the present time, on the above theme, but simply to communicate the notes of a case in which deafness was cured by perforating the drum, and evacuating the accumulations in the middle ear.

Case.—S. W., a farmer, *æt.* 37. On November 27, W. presented himself at my office, on account of almost complete deafness in his left ear. He stated that in March last, he took a severe cold in the head, since which time he has not been free from a troublesome nasal catarrh.

A few days after taking cold, he began to experience a peculiar sensation in both ears, attended with severe headache, chills, fever, loss of appetite, and general malaise.

Three days later, he was relieved of most of these symptoms, but observed in their stead, a continual roaring or buzzing in the left ear, together with a slight dulness of hearing. This latter symptom has increased, until, as before stated, there was almost total deafness, while the roaring remained about as at first, aggravated at times, however, when greatly fatigued or upon taking slight cold, so as often to interfere with sleep.

In the left ear, a watch could only be heard when placed on the organ; in the right ear, at the usual distance. Only the loudest tones of the voice could be distinguished when spoken in the ear.

The tuning-fork, placed on the head, was heard about equally in both ears.

An examination of the left external meatus, revealed, first, an accumulation of wax on the drum, which was easily washed away.

The manubrial plexus was somewhat injected. The manubrium mallei apparently drawn slightly inward and backward, while the membrana tympani was convex outward in the ante-

rior and posterior segments. The lower two-thirds of the tympanum presented a dark, lustreless brown appearance, the upper third normal.

On the anterior segment was a small white cicatrix, the result of a former ulcer or perforation. Patient had once suffered, after an attack of measles, with running at the ears.

I at once diagnosed a serous accumulation within the tympanic cavity. I requested the patient to lie on the lounge a few moments, and then examined the drum in this position, and found that the line of fluid had also somewhat changed.

I next introduced the Eustachian Catheter, the smallest size, and applied the air douche. The air entered with great difficulty, and was attended with a bubbling rale. I may mention, that I had previously tried Politzer's method, but without results.

After this application, the hearing was somewhat improved, but the patient lived at a distance, and could not conveniently come daily to try the results of this method, so I concluded to evacuate the fluid at once, and, with a Myringotome, I perforated the tympanum in the posterior segment, causing little or no pain. Through the wound exuded a chocolate, half-jelly-like fluid in drops. I then applied the air douche again, and forced what I could of the remaining accumulation through the incision, in all, I should judge, over half a drachm.

The patient was at once relieved of the roaring in the ear, and the hearing much improved. Watch at 12 inches, and ordinary conversational tones easily heard.

Rhinoscopic examination revealed hyperemia of the mucous membrane of posterior nares, and narrowing of the entrance to the eustachian tube. I ordered an astringent powder to be snuffed up the nose, and some cotton wool to be kept in the ear a few days. Saw patient month afterwards. Hearing in both ears normal; nasal catarrh had much improved. Patient was satisfied with his condition.

As above indicated, my ringotomy consists in simple paracentesis of the membrana tympani, and I may mention in conclusion

a few circumstances under which I have seen the operation performed at the clinics of Drs. Gruber and Politzer, at the K. K. Allgemeinen Krankenhaus in Vienna:

(1)—To open the way for operations on the deeper structures of the ear, such as (*a*) the breaking up of synechia between the tympanum and promontorium, or other structures, which have resisted the air douche; (*b*), tenotomy of the tensor tympani, not unfrequently indicated.

(2)—To give exit to accumulations in the internal ear, (*a*) extravastations of blood; (*b*), carious bone; (*c*), exudations after otitis media purulenta acuta, or (*d*), pus during the progress of this disease.

(3)—As an experimental operation, when neither by the eye or the history of the case are we able to come to a satisfactory diagnosis and logically institute other treatment, as when there exists too great tension of the tympanum, acting as an impediment to its normal vibrations. Hence, after the operation, I have seen the wound gape open as if it were before too small and tense for its place. The wound becomes filled with cicatricial tissue, and, in many cases, the deafness and other symptoms have been relieved.

Sometimes an improvement in the hearing occurred immediately after the operation and before the gap had been filled; at other times no improvement was observable until after cicatrization had taken place, and, in some instances, with the last named indications, no benefit was realized from the procedure. I might, perhaps, specify other conditions under which the operation would be justifiable, but enough have already been noticed to show that sufficient causes exist to render the operation one frequently indicated and often attended with the most pleasing results to the patient as well as surgeon. And I am fully convinced from my observations that hundreds of sufferers, who, having ears, hear not, might be forever rid of their infirmity if the profession generally better understood the indications for this little operation, and, recognizing the indications, would not hesitate to perform it.

Clinical Reports.

CLINICAL CASES IN MEDICAL WARDS OF MERCY HOSPITAL.

Clinic by PROF. DAVIS. From Notes by S.

MERCY HOSPITAL, *January, 1870.*

CASE I.—TYPHOID FEVER—STRYCHNIA, ETC.—A. B., aged 27 years; native of Ireland; laborer; was admitted into the Hospital eight days since with all the symptoms of a severe form of enteric typhoid fever, then in the middle of the second week of its progress. The tongue was dry and brown, with redness of the tip and edges; the abdomen tympanitic; face suffused with redness; pulse 120 per minute; skin moderately hot and dry; intestinal evacuations eight or ten times in the twenty-four hours, thin and dark brown; urine less than natural; respirations short and twenty per minute, with some cough and harsh respiratory murmur in the upper and anterior part of the chest, and deficient murmur with dullness in the lower part of the left side. Mind dull, but not much wandering.

To arrest the progress of the abdominal lesions, and also aid in giving tone to the capillary circulation generally, he was put upon moderate doses of oil of turpentine and tincture of opium in the form of an emulsion, every three hours; and to counteract the tendency to pulmonary congestion, he took one teaspoonful of the following prescription three times a-day:

R Hydrochlorate Ammonia, ℥iij.
Tart. Ant. et Pot., 2 grs.
Sulp. Morph., 3 grs.
Syrup Liquorice, ℥iv.

M.

His nourishment, administered regularly, consisted of sweet milk and wheat-flour porridge, alternated with beef-tea. During the first five days of this treatment, all the important symptoms improved. The temperature diminished; the cough ceased;

the pulse gradually fell to 100; abdominal tympanites diminished; and the intestinal discharges were reduced in frequency to two in the twenty-four hours. But the tongue remained dry and the mental faculties dull. On account of the diminished frequency of discharges, the emulsion was given only every four hours; otherwise the treatment was not altered. During the sixth and seventh days after admission, which would be about the middle of the third week after the patient had taken to the bed, the symptoms rapidly assumed a more unfavorable aspect. The pulse increased to 130 per minute, and was quick, soft, and weak; the mind more wandering; and the intestinal evacuations more frequent and partially involuntary. (The attention of the class was called particularly to the state of the pulse and intestinal discharges as indicating a dangerous degree of depression of the functions of the nervous system, especially that part of it denominated "excito-motory" by Marshall Hall; and the necessity of some treatment for promptly arresting further change in that direction.) The Professor stated that he knew of no remedy as direct and efficient for sustaining the nervous functions of organic and animal life as strychnia.

When the muscular contractions of the heart became weak, and the sphincter muscles gave indications of relaxation in the advanced stage of typhoid fever, he had for many years resorted to the use of strychnia with great advantage. He generally gave it in connection with nitric acid, and when the bowels are moving frequently, added also tincture of opium. For this patient he ordered the following formulæ:

R Strychnia, 1 gr.
Nitric acid, ℥i.
Tinct. Opii., ℥iii.
Water, ℥iii.

Of which he directed one teaspoonful to be given every four hours, and the turpentine and laudanum emulsion to be given between. Milk porridge and beef-tea were continued for nourishment as before.

About five days later the attention of the class was again called to this patient, and he presented all the symptoms of

commencing convalescence. This treatment had been continued without any other change than to lengthen the intervals between the doses of his medicine.

CASE II—RHEUMATIC INFLAMMATION OF SPINAL NERVES.—

This patient has been complaining a considerable length of time, with symptoms resembling those of ordinary rheumatism, but differing from them in some respects. Was admitted a week ago, complaining of a troublesome cough. Says he takes cold easily, which is followed by a hard, tight cough that annoys him more in the latter part of the night, and is very harrassing. His chest is free from dulness or any abnormal sound; pulse of natural frequency and force; temperature of the skin natural.

Aside from the cough, and a vague sense of soreness in the chest, there is a degree of lameness in the hip, manifesting itself in a manner somewhat different from simple muscular stiffness.

In the act of rising from the sitting posture there is frequently great and sudden, spasmodic contraction of certain muscles, more especially in the right hip; that brings him down. Does not complain of any sharp pain running along the course of the sciatic nerve, as in rheumatism, involving the origin of this nerve. The pain appears to be in the gluteal and abductor muscles. He locates the pain in both hips, but mostly in the right; there is some tenderness in the bottom of the foot on bearing his weight upon it, and some morbid sensibility of the parts.

The cramp and an alteration in his gait raised the question whether this was a case of simple rheumatic inflammation, involving the muscles, or whether he was laboring under disease of the spinal cord, constituting the early stage of that form of disease styled progressive locomotor ataxia. But in watching his movements, and noting the changeable character of the pain, florid countenance and sanguine temperament, the Professor was led to conclude that there was no tendency to atrophy

of the spinal cord; but true rheumatic inflammation, involving certain portions of the cord that supply the parts in which he complains of pain. There is probably the same grade of inflammation involving the fibrous structure of the bronchial tubes, which gives rise to the cough.

The diagnosis of these cases requires great care. The early stage of hip disease is often mistaken for rheumatism, till the parts begin to fill up with matter; and the same is true of inflammation in the psoas region.

In hip disease, however, if you will place the patient upon the back, with your hands upon the trochanters, and press the head of the femur into the socket; he will complain at once of pain. In addition to this, if you take hold of the foot, straighten the leg, and push up, you will produce the same result. Rheumatism, on the contrary, will not be affected by such pressure; at least it will produce only superficial pain, and it will hurt more to pull the hip out than pushing it back. In the early stage of hip disease, also, the toe is turned in and the heel drawn up.

If the affection is in the psoas region, the thigh is more or less flexed, and the patient is unable to extend it.

In this case we have absence of all of these conditions, and hence regard the patient as laboring under simple chronic rheumatic inflammation. On admission to the hospital, he was put upon the following treatment:

R. Vin. Colch. Sem., ʒj.
Tinct. Aconit. Rad., ʒj.
Tinct. Stramonii, ʒss.
Syrup and water, ʒiiss.

M.

Dose, one teaspoonful every four hours.

To procure more rest at night, he took 15 grains of potassii bromide at bedtime.

He has been under this treatment one week, and his condition is very much ameliorated; the colchicum has not disturbed the bowels; the rheumatic trouble about the hip and back is improved; he has no muscular cramps, and goes about tolerably free.

In those cases of rheumatic inflammation chiefly restricted to nerve structure, the Professor stated that he had not found ordinary alkaline salts to produce as satisfactory results as some other modes of treatment, and had found it necessary to use remedies that have a more powerfully sedative influence upon the nervous sensibility.

There appears to be irritation set up in the nerve structure, which the alkaline salts alone are not able to overcome.

He had found the above combination, in patients of sanguine temperament, to be very valuable.

In persons less sanguinous, and with a less degree of excitability of the circulation, he would leave out the aconite, which is added to increase the sedative effect upon the nervous system.

The same treatment was continued another week, when the patient was discharged, quite well.

Selections.

REMARKS ON DEGENERATIVE DISEASE, OR ATROPHY, OF THE GASTRIC TUBULES.

By AUSTIN FLINT, M.D., Professor of the Principles and Practice of Medicine and of Clinical Medicine in the Bellevue Hospital Medical College.

I have borne in mind my promise, made some months since, to contribute an article for the *American Practitioner* at about this date. In the fulfilment of this promise I propose to submit some remarks on degenerative disease, or atrophy, of the gastric tubules. I am led to select this subject from having read an article by Samuel Fenwick, M.D., in the London *Lancet*. The article appears in the number of that journal issued July 16, 1870; but it has not fallen under my notice until the date of my writing (December 3, 1870). In that article Dr. Fenwick reports a case in which the diagnosis of atrophy of the gastric tubules was made from the history and symptoms. The autopsy confirmed the correctness of the diagnosis. The account of the case is as follows:

"A gentleman, about forty-five years of age, consulted me in February last. He complained of great weakness, and inability for mental or bodily exertion. Occasionally he had pain in the

back and a sensation of numbness in the legs; but there was no loss of feeling or appearance of paralysis. He was troubled with palpitation and breathlessness on exertion. He did not seem to be much emaciated, but his face was of the pale yellowish color so often seen in persons affected with malignant disease; and the lips, tongue, and throat were exceedingly bloodless. He had neither cough nor expectoration; the appetite was very bad; he suffered from flatulence, and occasionally from bilious vomitings, and the bowels were much confined; the pulse was exceedingly small and feeble. The complaint had come on so gradually that he could scarcely fix the exact time of its commencement; but he had been ailing for at least eighteen months. Previous to this date he had enjoyed good health; he had never suffered from any loss of blood, nor from ague or diarrhoea. On careful examination no darkness could be detected by auscultation or percussion; the liver and spleen were normal in size, shape, and position; the thyroid and lymphatic glands were not enlarged; the stomach was not dilated, and no tumor could be found in any part of the body. The urine was clear, acid, and free from albumen and sugar. A drop of blood obtained from a prick of the finger, when examined by the microscope, showed no increase, but rather a deficiency, in the number of white corpuscles. I prescribed steel and quinine, with a moderate allowance of wine."

Subsequently vomiting was a prominent and persistent symptom. The pulse became extremely feeble. There was loss of appetite and flatulency. He gradually became more and more feeble and anæmic, and after slight attacks of delirium died from exhaustion. The grounds for the diagnosis are stated in the following quotation:

"It was evident that all the symptoms from which the patient suffered arose from anæmia. But as he had been affected with no disease—such as ague, dysentery, or hemorrhage—capable of directly producing this condition, and as there was no evidence of disease of any of the viscera, it could only be supposed that there was some imperfection in the blood-making organs, or in those connected with absorption. The absence of emaciation was sufficient to prove that the powers of absorption, and of the digestion of fat and starch, were not impaired. We had therefore only to examine the condition of the organs whose office it is to digest and prepare the albuminous materials of the food—namely, the stomach and ductless glands. There was no evidence of any affection of the spleen, thyroid, thymus, or lymphatic gland; and the absence of any dark discoloration of the

skin seemed to negative the supposition that the supra-renal capsules were diseased. I therefore concluded that the stomach must be the organ in fault; and as atrophy is its only morbid condition which is not accompanied by characteristic local symptoms, I diagnosed atrophy of the gland-structure as the only disease present in the case."

The examination after death showed no important changes elsewhere than in the stomach. Here the appearances were as follows:

"The stomach was empty, excepting a small quantity of gas, and its surface showed no signs of *post mortem* digestion. When placed beneath the microscope, the pits on the surface of the gastric mucuous membrane were seen to be well defined, and were rather larger than usual. The whole of the glandular structure of the organ was in a state of atrophy; in no part could I succeed in procuring a section of normal tissue. In the pyloric and middle regions the secreting tubes seemed to be converted into a mass of connective tissue; and it was only near the cardiac end that a trace of gland-structure could be observed. In this situation the gastric tubes were represented by scattered flesh-like bodies, filled with granular matter and fatty epithelial cells. In other places the ends of the tubes were expanded into the form of cysts. Each of these was surrounded by fibres, and was lined internally by a layer of cells, the contents consisting of fat-cells and granular matter."*

The accuracy of the observation of these appearances was confirmed by Dr. Handfield Jones.

An infusion of the gastric mucous membrane, mixed with dilute hydrochloric acid, will usually, as Dr. Fenwick states, dissolve the white of egg and other albuminous substances. The experiment was made with an infusion of the mucous membrane in this case, and almost no effect was produced. Quoting the writer's words, "this experiment therefore confirmed the conclusion, derived from microscopical examination, that the gland-structure of the stomach had been so seriously diseased that it could not have been capable of performing its functions during life."

Dr. Fenwick expresses the belief that in cases of "idiopathic anæmia," described by Dr. Addison, the fatal lesions are in the gastric tubules.

The article of Dr. Fenwick is to me exceedingly interesting. Since I became acquainted with the researches of Handfield

*The morbid appearances are illustrated by three figures in Dr. Fenwick's article.

Jones, published in the Medico-Chirurgical Transactions, Vol. XXXVI, (London, 1854), I have entertained a strong conviction that morbid changes taking place in the gastric and intestinal tubules would be proven to enter frequently and largely into cases of disease characterized by anorexia, impaired digestion, impoverishment of the blood, and defective nutrition. For many years my attention has from time to time been directed to cases analogous to the case reported by Dr. Fenwick. I have often been disposed to report cases of this kind which have fallen under my observation. In some of these cases I have stated as the probable diagnosis degenerative lesions of the gastric tubules. It has, however, never been in my power to verify this diagnosis by microscopical examinations after death. I mean that in none of the cases to which I refer were the stomach and intestines subjected to examination with the microscope. I have repeatedly suggested to some of my friends who are occupied with microscopical researches to devote attention to the study of the glands which secrete the gastric and the intestinal juice. My friend Dr. Janeway, one of the curators of the Bellevue Hospital, distinguished for his zeal and ability in morbid anatomy, will, if this communication should meet his eye, recollect my urging him to develop knowledge and reap distinction by studying the lesions of these glands in connection with the *ante mortem* histories. Reasoning from analogy, it has seemed to me highly improbable that these glands should be exempt from the morbid changes which are known to occur in other glandular structures. This view I have presented in a brief section devoted to the subject in my work on Practice; and for more than ten years I have never failed to enlarge upon the subject in didactic teaching. I do not, of course, presume that it is of interest or importance for the profession to know how long and how much my thoughts have had this direction; but I am led to write thus in order that it may be deemed not a sudden but a well matured conviction when I express a confident expectation of lesions of the gastric and intestinal glands being found hereafter to be of not less importance in pathology and clinical medicine than the renal lesions, our knowledge of which was opened up by the researches of Bright.

Are not the facts which are set forth in Dr. Fenwick's article sufficient now to warrant the nosological recognition of degeneration of the gastric tubules as a distinct affection; and as such is it not, with our present knowledge, an affection which may with much certainty be diagnosticated? Is it not probable that

it may co-exist with various affections as a complication of great importance in relation to the interpretation of symptomatic phenomena and to prognosis? I do not propose to discuss these questions in this communication; but I submit them for the reflection of the readers of the *Practitioner*, with an intention of giving a further account of my own thoughts, together with my clinical observations, at some future time.

As this is an epistolary communication, may I ask you and the readers of your journal to excuse an apparent egotism in what has been written; and also in subjoining an extract from a clinical lecture on anæmia which I delivered at the Long Island College Hospital, and which was published in the *American Medical Times*, number for September, 1860? I have italicised several sentences to which I should like particularly to direct the attention of the reader:

“Before proceeding to speak of the treatment of anæmia, I wish to call attention to a form in which this condition is met with, differing from the ordinary form in this important respect: it proceeds steadily and surely to a fatal issue. I refer to the form which Addison distinguishes as ‘idiopathic anæmia.’ He thus distinguishes it because the anæmia is developed and continues without any adequate cause or causes being apparent. It is in these cases of anæmia that Addison was led to observe disease of the supra-renal capsules. The bronzed hue of the skin occurs in a certain proportion only of these cases. It is with the idiopathic fatal anæmia, not the coloration of the skin only, that Addison supposes the disease of the supra-renal capsules to be connected. As there is, I believe, generally an incorrect impression on this point, I beg leave to read the following quotation from Addison’s paper:

“‘For a long period I have, from time to time, met with a very remarkable form of general anæmia, occurring without any discoverable cause whatever; cases in which there had been no previous loss of blood, no exhausting diarrhea, no chlorosis, no purpura, no renal affection, splenic miasmata, glandular strumous or malignant disease. * * * * * It was while seeking in vain to throw some additional light on this form of anæmia that I stumbled on the curious facts which it is my more immediate object just now to make known to the profession.’”

“I do not propose to discuss in this connection the question as to the existence of a pathological relation between disease

*These quotations are from a paper by Dr. Wilks in Guy’s Hospital Reports, 3d series, vol. v, 1859.

of the supra-renal capsules and fatal anæmia, with or without bronzing of the skin. I will simply say I suppose it to have been shown that if there be a relation it is only occasional, not constant.

"I had myself a patient last winter who died with 'idiopathic anæmia,' together with an almost universal and a strongly-marked bronzing of the surface; and after death there was found to be no appreciable degeneration of structure in the supra-renal capsules. But not to be diverted from the point to which I wish to direct your attention, cases such as Addison refers to must have fallen under the observation of most clinical observers. I met with two or three in my hospital wards in New Orleans during the winter of 1858-9, and again during the last winter. The patients entered with marked anæmia, and greatly prostrated. Interrogation of the important organs of the body showed no serious disease. Loss of appetite was a prominent symptom, and this ended in complete anorexia. Diarrhea was more or less prominent before death; but this was not due to intestinal lesions, as was shown by examinations after death. Death took place by slow asthenia or inanition. No disease sufficient to cause death was discovered *post mortem*. Notwithstanding Addison's researches, these cases must be considered not less inexplicable now than before he stumbled on lesions in the supra-renal capsules. Even were these constant they would hardly shed much light on the occurrence of fatal anæmia. *I have not the presumption to offer an explanation of these cases; but I have an idea, which I do not hesitate to throw out because I can do no more, and I give it only for what it is worth. To follow it out by researches, which will show it to be valuable or worthless, will probably not be within my power. I suspect that in these cases there exists degenerative disease of the glandular tubules of the stomach.* I am led to this suspicion somewhat as a physician is said once to have arrived at the conclusion that the pancreas must be diseased by convincing himself that all the other organs in the body were sound; and this was the only organ which he could not satisfactorily interrogate! Here is at all events a field of research which has as yet been hardly more than explored.

"Dr. Handfield Jones is the only one within my knowledge who has made degenerative disease of the gastric tubules the subject of any investigation. He published some years ago the results of the examination, by means of the microscope, of one hundred stomachs. In seventy-seven of this number there was found more or less atrophy of the tubules. In fourteen cases

the degeneration was considerable. We can as readily understand that these important organs should undergo degenerative disease not rendered distinctly apparent to the naked eye as that this should be true of the convoluted tubes of the kidneys. *It is perhaps the lot of some one to bring the microscope to bear upon investigations here with as much effect as Dr. Geo. Johnson has done with respect to the renal organs.* Of the importance of the stomach glands we can form an estimate when we consider that their business is to furnish from fifteen to thirty pounds of gastric juice during the twenty-four hours. Nor is it difficult to see how fatal anæmia must follow an amount of degenerative disease reducing the amount of gastric juice so far that the assimilation of food is rendered wholly inadequate to the wants of the body. *I shall be ready to claim the merit of this idea when the difficult and laborious researches of some one have shown it to be correct.*"—*American Practitioner.*

A MECHANICAL ANÆSTHETIC.—The *Practitioner* for December contains an interesting article by the late Dr. A. Waller on the compression of the vagus nerve as a means of producing anæsthesia. It is claimed that by vagal pressure the patient can be speedily and safely brought into a state of complete insensibility, and that several surgical operations have been performed with entire absence of pain. It appears to produce a condition specially favorable to the reduction of dislocated bones. Attention was directed to this subject by Dr. Waller, shortly before his death, in the hope that it might be found of practical value in a large number of cases where ether is now required. This may be only the revival of an old fashion, as the Assyrians are reported to have produced anæsthesia by compression of the cervical vessels during the performance of circumcision.

EXTREME CONTAGIOUSNESS OF SCARLET FEVER.—A distinguished British physician, writing in the London *Lancet*, and advocating the contagiousness of scarlet fever, mentions the case of a man who was seized with the disease after opening and reading a letter from a friend affected with it, and who wrote: "Even while I write you, my hands are skinning." It is not stated positively that the disease came in the letter, but such is the inference. We in California have heard of still more astonishing results from letters written by men on this coast to their wives in the Atlantic States.—*Ibid.*

PNEUMONITIS.—So far as published statistics can be relied on, the mortality of pneumonitis varies, under different modes of treatment, from one in two and a-half (by Rasori's) to one in thirty-two (by Bennett's). In England seventeen per cent. of the deaths are said to be caused by pneumonia; and in this country its death-rate is thought to be still higher.

SIN THE SUPPOSED CAUSE OF DISEASE.—According to W. A. P. Martin, D.D., L.L.D., Professor of International Law in the University of Pekin, (*American Practitioner*), disease is looked upon in China as a punishment for sin in this or a former life, and, therefore, the spirits who are supposed, by heaven's permission, to inflict these punishments by sending disease must be appeased. The remark is often made by the Chinese that they are expiating their sin in their disease; that is the just retribution of heaven. They are thus ever anxious and ready to resort to the temples to burn incense, to discover the fates, or appease the gods, and evert or remove some malady. The people have more faith in their *gods* than their *doctors*, for although they sometimes seek relief from their native physicians, (if such they deserve to be called), yet they quite as often resort first to the temples. If the patient recovers, it is attributed to the mercy of the god consulted; if he die, it is ascribed to fate. A large and increasing number from all classes, who find no relief from their idols and gods, come at last—often, alas! too late—to the foreign hospital.

CARDIAC MURMURS IN CHOREA.—The murmur which is not unfrequently heard in choreic patients, Sir Wm. Jenner affirms is a mitral regurgitant murmur, due to irregular action of the papillary muscles, sometimes accompanied by irregular contraction of the heart itself. Thus cases are met in which there is irregular action of the heart with an occasional murmur, or irregular action with a constant murmur, or regular cardiac action either with a constant or inconstant murmur; and in all these cases the murmur, and irregular action when present, disappear either shortly before or shortly after the cessation of the choreic movements of the voluntary muscles. Murmurs first detected during a choreic attack may remain after its subsidence, but in these cases there has been at some time inflammation of the endocardium.

SMALLPOX.—A severe epidemic of this disease is now prevailing in London, and is increasing. During the fortnight preceding the 26th of November last, eighty-five deaths from it occurred, and the Registrar-General states that so many weekly deaths from it have not occurred since April, 1867. In the number of the *Lancet* for December 10th, it is stated that the deaths from it during the preceding week had risen to 60, the highest number returned in any week since June, 1863.

It behooves the authorities in this country to take every possible precautionary means of preventing its introduction here, and should it reach us, to prevent its spreading, by general vaccination and re-vaccination. The importance of this last cannot be over-estimated.

TREATMENT OF GANGLIONS.—Dr. Skey, of Bartholomew's Hospital, in a clinical lecture reported to the London *Lancet*, condemns the ordinary treatment of ganglionic swellings, which consists in giving a smart blow with a book or other body, and adds: "I advice you to adopt in great preference to this coarse and old-fashioned treatment the following, which rarely fails to obtain an early, if not immediate, cure. Its object is to evacuate the *entire* contents of the cyst, and to bring its opposite surfaces into perfect opposition with each other. It is a small operation; but on the delicacy of its operation its success materially depends. Bending the hand forwards, in order to tighten the skin over the cyst, pass vertically into the centre of the tumor a broad-shouldered lancet. By a lateral movement of the instrument the orifice will be dilated, and the contents will freely escape. Now, it is indispensable to the obliteration of the cyst that the whole of its contents should be evacuated—every drop and every fraction of a drop; to effect which the sac must be compressed and kneaded in every direction. Then apply a well-made, thick compress of lint, and strap it down tightly with good plaster, and, lastly, a roller may be applied. In 48 hours the wound has healed, and the ganglion is seen no more." —*Ibid.*

SCARLET FEVER.—During the twenty-one years from 1848 to 1868, inclusive, there were registered in England and Wales 415,982 deaths from scarlet fever and its allied disease diphtheria. It is estimated that at least 40,000 deaths have occurred in England last year.

REFRACTURE OF BONES.—Dr. Skey, of Bartholomew's Hospital (*Lancet*) does not hesitate to refracture the bones in cases of deformity or shortening from imperfect dressing in the first instance. He finds no difficulty in doing so, and no risk of breaking the bone elsewhere than at the proper point. The femur he has broken at the expiration of eleven weeks, and the bones of the forearm in seventeen weeks after the original fracture. In the femur, when great force is required, he places the limb on the edge of a table, which is covered by several folds of blanket, and brings the weight of his body to bear gradually on it—anæsthesia having been first produced.—*Pacific Medical and Surgical Journal*.

MORTALITY IN PARIS.—A besieged city always affords one of the most striking exhibitions of the horrors of war. The death-rate in Paris during the month of November was four hundred a week in excess of the average, and it must have increased rather than diminished since that time. In the second week of November, the mortality of small-pox, which declined in August, had risen to four hundred and nineteen.—*Ibid*.

THE PULSE.—The pulse was first noticed by Galen. It is slower in the inhabitant of the country than in one of the city. In the West Indies it is 100; in Greenland as slow as 40; and is slowest in the cold climates. It is slower in the winter than in summer. Is slow in the morning, quick at noon, and more frequent at night.—*Medical and Surgical Reporter*.

THE ORIGINATOR OF PATHOLOGICAL ANATOMY.—About three centuries before the Christian era, Herophilus, a native of Chalcedon, and Erasistratus, of Iulis, a grandson of Aristotle, laid the foundation-stones of the science of human anatomy. Herophilus, it has been said, resorted to human vivisections, more particularly of criminals. He was the originator of pathological anatomy, and was the first to propose *post mortem* examinations to learn the cause of death. Fallopius, centuries after, denominated him "the evangelist of anatomists."—*Dr. Gouvr. M. Smith's Discourse*

IODIDE OF LEAD OINTMENT.—Dr. Purdon thinks this ointment is not fully appreciated by dermatologists. He esteems it very useful in some varieties of psoriasis, in tinea circinata, and in scrofulous affections.

In the *Canada Medical Journal* for October, four cases of acute dysentery are reported, which were treated with large doses of ipecacuanha. They occurred in hospital, under the care of Dr. MacCallum. In every case the success of the treatment was most marked and flattering.

Twenty grains was the maximum dose given, and it always followed a dose of tinct. opii m. xv., given one hour before, and with express instructions that no more than a teaspoonful of fluid was to be given at a time; by this means the tendency to vomit was lessened.

Book Notices.

A Report on the Barracks and Hospitals of the United States Army, with Descriptions of Military Posts. By John S. Billings, Assistant-Surgeon U. S. A. Circular No. 4, War Department, Surgeon-General's Office.

This is a voluminous report of 492 pages, and comprises a large amount of valuable matter, statistics, etc. A considerable space is devoted to the important subject of ventilation. "One objection, it states, has been made to good ventilation, which it is as well to mention, as one of the strongest arguments in its favor. Men will eat more when they have plenty of fresh air than without. Dr. Reid mentions that men in large manufacturing establishments have struck for higher wages where a good system of ventilation had been introduced, as their former wages were insufficient to procure the increased amount of food demanded by their improved appetites. There is little doubt that if some of our barracks were what they should be, in point of air supply, the post food would diminish somewhat."

The statistics given show that of the 151 posts described, "at forty-six the allowance of air space is insufficient, and at only thirty-nine can it be called satisfactory; while even in these last, the ventilation can only be called satisfactory in about half the instances."

In an appendix at the end of the volume are given the results of a number of examinations of the air of barracks made by Assistant-Surgeon V. B. Hubbard for the purpose of ascertaining the amount of carbonic acid and of organic matter present at different times. In regard to the examinations, he says: "The perception by the sense of smell of the presence of organic matter is the usual and the standard test of the fact of insufficient ventilation. For the simple fact of good or bad ventilation, the accuracy of the test is greatly influenced by the temperature, and it is sufficiently delicate only in a tolerably warm room. When we attempt to determine the amount of organic emanations from the body present in a given space, we find that they are so small in actual mass, and of so complex and so indefinite a character, that they evade to a certain extent the powers of chemical titration.

The measurement of the carbonic acid which is added to the air by animal respiration is much freer from the difficulties above alluded to; the quantity given off is more considerable, as air, in passing through the lungs, has its carbonic acid increased about one hundred times, or from about four parts in ten thousand to four parts in one hundred. Moreover, the chemical affinities of carbonic acid, although comparatively feeble, are well defined, and it is capable of tolerably exact chemical estimation."

From these examinations it was determined that the amount of air which writers on hygiene have held to be the minimum supply consistent with perfect healthfulness, *viz.*, 2,000 cubic feet per man, per hour, was, at the posts visited, attained only in exceptional instances; but that in most cases an extension and slight modification of the existing systems of ventilation would probably give a sufficient circulation of air.

Among the valuable statistics contained in the report are extensive tables showing the ratio of total mortality (exclusive of deaths from epidemics, accidents, and wounds) due to various classes of diseases in the United States army and navy, the English army and navy, the French army and navy, the Italian army, and in civil life; also, tables showing the comparative

prevalence of the principal diseases in the different departments of the army.

Accompanying the report is Circular No. 3, a small volume, containing approved plans and specifications for post hospitals. These reports are a valuable addition to our literature.

F. H. D.

The American Journal of Obstetrics and Diseases of Women and Children. Edited by E. Naeggerath, M.D., and B. F. Dawson, M.D. Published by W. A. Townsend & Adams, New York.

We have received from the publishers the first and second volumes of this journal, neatly bound in cloth. Each volume contains four of the quarterly numbers of the *Journal*, and together they embrace the issues for 1868 and 1869. These volumes contain a large amount of valuable matter relating to the diseases peculiar to females, and resulting from pregnancy and parturition. Many of the writers rank among the oldest in our country.

It is a journal well worthy of a place on the table of every practitioner.

Satan in Society. By a Physician. C. F. Vent, Publisher, Cincinnati and New York: J. S. Goodman, Chicago.

This is a small-sized volume of 421 pages. It is published in good style.

The very startling title, "Satan in Society," is evidently chosen for the purpose of arresting public attention and exciting curiosity. The work is really a popular treatise on the supposed errors in the training of boys and girls; the formation of vicious habits in both; the mysteries and miseries of love, marriage, social tyranny, child-bearing, child-murder, matrimonial infidelity, etc., etc. It covers much of the same ground as "Naphy's Physical Life of Woman." In glancing hastily over its pages, we should say that the work contains many good things, some bad, and some highly *sensational* exaggerations.

Editorial.

THE SOCIAL EVIL.—A large amount of space in the present number of the *Examiner* is occupied by the article of Prof. Andrews, presenting a most interesting and full consideration of this subject. During the last five years a strong effort has been made to get the subject before the Legislatures of the several States; and many are advocating the adoption of measures similar to those already in operation in many of the European cities, by which prostitution is legally recognized under the pretense of *regulation*.

Inasmuch as members of our profession must become active agents in the carrying out of any measures designed to lessen the evils of prostitution, and may exert great influence in shaping legislation on the subject, they should be fully and correctly informed concerning the results of such efforts as have already been made. For this purpose, the article of Prof. Andrews will be found of great value. Individually, we have no faith in any measures for lessening or eradicating the *Social Evil*, that are not applied just as rigorously to the *male* as the *female*.

MEDICAL COLLEGE COMMENCEMENTS.—The Commencement Exercises of Rush Medical College will take place on Wednesday, Feb. 1, 1871. The annual meeting of the Alumni Association of that College will be held in the lecture-room of the College, at 10 o'clock A.M. of the same day. Annual address by Abner Hard, M.D., of Aurora.

The Commencement Exercises of the Chicago Medical College, Medical Department of N. W. University, will be held in the College Hall on Tuesday afternoon, March 14, 1871.

The annual meeting of the Alumni Association of the College will be held in the same place, and on the same day, at 10 o'clock A.M. Annual address by the President of the Association.

HYDRATE OF CHLORAL.—LARGE DOSE—RECOVERY.—A short time since, in this city, a lady who was suffering severely with an attack of neuralgic pain in the head, in a moment of mental bewilderment, took a vial full of a solution of chloral at once, amounting to 240 grains. The medicine had been directed only an hour or two previous by her attending physician, and was to have been taken in doses of one teaspoonful at suitable intervals. The enormous dose was immediately followed by complete insensibility and great depression of respiration and circulation. The physician did not reach her until so much time had elapsed, that it was probable the whole amount had been absorbed; consequently, no vomiting was, or could be, induced. For eighteen hours she appeared every moment in danger of dying from suspended respiration, and during this time manifested no sign of consciousness. The continuance of respiration was aided by galvanic currents, kept up most of the time until the effects of the medicine began to abate.

After eighteen hours the respiration began to be more regular, and the patient more restless, and, at the end of twenty-three hours, she had improved in consciousness so far as to make efforts to speak, and from that time went on to complete recovery. This case shows that there must be either great difference in the quality of hydrate of chloral in our drug stores, or great variations in the capacity of different patients to sustain life under its effects.

LARGE BRAIN.—Dr. J. B. Woodson, of Kansas City, Mo., writes us that he recently removed from a human skull a brain in a perfectly healthy condition, that weighed 60 ounces, which is near the highest weight of human brain on record. But the Doctor does not inform us whether the owner of the brain, while living, was a statesman, philosopher, or fool.

RELIABLE VACCINE MATTER CAN BE HAD OF
DR. S. A. McWILLIAMS,
166 STATE STREET, CHICAGO.

MORTALITY FOR THE MONTH OF DECEMBER, 1870.

Accidents, Asphyxia	1	Diarrhœa	1	disease	1
" burned in building	1	" chronic	1	Laryngitis	5
" by fall	2	Diphtheria	15	Liver, rupture of	1
" railroad	2	Dropsy	1	Lungs, congestion	7
" suffocation	2	" abdomen	1	" hemorrhage	1
" scalded	3	" renal	1	Manslaughter	2
Abscess	1	Dysentery	1	Measles	1
Apoplexy	10	" chronic	1	" and complications	2
Asthma	3	Embolia	1	Meningitis	9
Bowels, congestion of	1	Enterocolitis	1	Myetitis	1
" ulceration of	1	Enteritis	6	Nervous shock, surgical	1
Brain, congestion	3	Epilepsy	2	operation	1
" compression of	1	Erysipelas	2	Old age	15
" inflammation	5	Fever, congestive	1	Paralysis	3
" softening	4	" puerperal,	4	Peritonitis	3
" effusion in	1	" remittent	3	Peritoneum inflamm-	1
Bronchitis	9	" scarlet	7	tion of	1
" capillary	2	" & complications	3	Pneumonia	34
" chronic	2	" malignant	1	" typhoid	4
Cancer of liver	3	" typhoid	18	Pyæmia	3
" stomach	2	Gastritis	5	Rheumatism	1
" uterus	1	Gastro enteritis	3	Scrofula	3
" breast	1	Hemorrhage, umbilical	1	Suicide by chloroform	1
" bowels	1	Heart disease	4	" poison	1
" pancreas and blad-	1	" hypertrophy of	1	" shooting	1
der	1	" inflammation	2	Syphilis, secondary	1
Child birth	1	" organic disease of	4	Tabes mesenterica	10
Chest, tumor of	1	" valvular disease	4	Teething	2
Cholera Infantum	1	Hepatitis	1	" and complications	3
Consumption	33	Hernia, strangulated	1	Tetanus	2
Convulsions	38	Hip-disease	1	Uterus, hemorrhage of	1
" puerperal	3	Hydrocephalus	5	" ulcer of	1
Croup	27	" acute	3	Whooping-cough	4
Debility general	3	Inanition	10		
Delirium Tremens	1	Kidneys, Bright's		Total	415

AGES.

Under 1	108	10 to 20	19	70 to 80	17
1 to 2	51	20 to 30	38	80 to 90	8
2 to 3	13	30 to 40	35	90 to 100	—
3 to 4	21	40 to 50	29		
4 to 5	10	50 to 60	20	Total	415
5 to 10	23	60 to 70	23		

Males,	240	Females,	175	Total,	415
Single,	278	Married	137	Total,	415
White,	412	Colored,	3	Total,	415

COMPARISON.

Deaths in 1870, Dec.,	415	Deaths in 1869, Dec.,	440	Decrease,	25
Deaths in Nov., 1870,	427	Decrease,			12

NATIVITY.

Austria -----	1	Denmark -----	1	Norway -----	5
Bohemia -----	3	England -----	8	Nova Scotia -----	1
British Columbia ---	1	France -----	1	Russia -----	
Canada -----	7	Germany -----	55	Switzerland -----	2
Chicago, Native ----	65	Holland -----	2	Scotland, -----	10
Chicago, Foreign ---	127	Ireland -----	44	Sweden -----	12
U. S., other parts ---	65	Italy -----	1	Unknown -----	4
					Total, ----- 415

MORTALITY BY WARDS FOR THE MONTH.

Wards.	Mortality.	Wards.	Mortality
1 -----	7	18 -----	27
2 -----	18	19 -----	13
3 -----	16	20 -----	20
4 -----	7	Accidents -----	11
5 -----	6	Bridewell -----	1
6 -----	34	County Hospital -----	10
7 -----	13	Erring Woman's Refuge -----	1
8 -----	22	Home for Friendless -----	
9 -----	35	Half Orphan Asylum -----	
10 -----	16	Marine Hospital -----	1
11 -----	22	Manslaughter -----	2
12 -----	16	Mercy Hospital -----	3
13 -----	9	Protestant Orphan Asylum -----	
14 -----	10	St. Joseph Orphan Asylum -----	3
15 -----	52	Suicide -----	3
16 -----	14		
17 -----	23	Total, -----	415

RAIN FALL WITH COMPARATIVE MORTALITY, 1869 AND 1870.

Month	MORTALITY.				RAIN.	
	1869	1870	Increase	Decrease	1869	1870
January	383	483	100		1,968	2,665
February	333	421	88		2,235	860
March	354	538	184		1,330	1,880
April	381	495	114		4,295	1,150
May	372	436	64		5,670	800
June	434	720	286		5,033	1,700
July	815	1,120	305		3,214	3,710
August	1,072	1,037		35	1,381	2,170
September	814	691		123	0,890	2,820
October	601	559		42	1,100	2,430
November	491	427		64	2,061	1,160
December	440	415		25	1,995	2,280
Total	6,490	7,342	1,141	289	31,172	23,625

1870 in excess of 1869, 852 deaths.

MONEY RECEIPTS FROM DECEMBER 25 TO JANUARY 25.—Dr. Geo. H. Fuller, Delhi, Iowa, \$3.00; Dr. Geo. W. Jones, Danville, Ill., 4.00; Dr. T. H. Bras, New Boston, Ill., 6.00; Dr. C. T. Hunter, Springerton, Ill., 3.00; Dr. Mary H. Thompson, City, 3.00; Dr. L. H. Humphreys, South Bend, Ind., 3.00; Dr. H. W. Kendall, Quincy, Ill., 3.00; Dr. J. F. McCormick, Fowler, Ill., 9.00; Dr. A. G. McCormick, Fowler, Ill., 3.00; Dr. Mergler, Wheeling, Ill., 6.00; Dr. G. W. Dodge, Winneconee, Wis., 3.00; Dr. T. G. Williams, Watertown, Wis., 3.00; Dr. H. C. Lester, Lincoln, Ind., 3.00; Dr. H. N. Hurlbut, City, 3.00; Dr. E. R. Willard, Wilmington, Ill., 3.00; Dr. A. C. Carr, Chesterfield, Ill., 3.00; Mrs. A. F. Hammond, City, 3.00; Dr. J. A. McDonald, Wis., 3.00; Dr. W. A. Gordon, Hannibal, Mo., 6.00; Dr. V. C. Price, Waukegan, Ill., 3.00; Dr. J. Bell, Benton Harbor, Mich., 3.00; Dr. J. Milleron, Grayville, Ill., 3.00; Dr. J. S. Bullock, Vermillion, Ill., 6.00; Drs. M. M. Sparklee & Lotta, 6.00; Dr. Wm. B. Hart, Greenwood, Ill., 3.00; Dr. French, Lincoln, Neb., 6.00; Dr. Prince, Jacksonville, Ill., 3.00; Dr. O. J. Price, City, 3.00; Dr. Thos. D. Washburn, Hillsborough, Ill., 3.00; Dr. J. F. Williams, City, 3.00; Dr. J. Tenbrook, Paris, Ill., 3.00; Dr. H. C. Miner, Roanoke, Ind., 5.00; Dr. B. Lee, Marshall, Ill., 6.00; Dr. A. M. Maxwell, Friend Grove, Ill., 3.00; Dr. W. W. Grant, Davenport, Iowa, 3.00; Dr. G. W. Holder, Washburn, Wis., 3.00; Dr. T. Stephens, Winona, Minn., 12.00; Dr. A. J. Smith, City, 3.00; Dr. T. O. Bannester, Odell, Ill., 4.00; Dr. Wm. M. Landon, Burton, Ill., 6.00; Dr. A. Hagar, Marenngo, Ill., 3.00; Dr. J. W. Fink, Hillsborough, Ill., 3.00; Dr. J. R. Garrell, Newton, Iowa, 5.00; Dr. J. M. Barlow, Paris, Ill., 10.50; Dr. J. P. Johnston, Lynnville, Ill., 3.00; Dr. Geo. A. Bardwell, Dixon, Ill., 3.00.

RUSH MEDICAL COLLEGE.

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 J. ADAMS ALLEN, M.D., LL.D., Prof. of Principles and Practice of Medicine.
 E. INGALS, M.D., Prof. of Materia Medica and Medical Jurisprudence.
 DELASKIE MILLER, M.D., Prof. of Obstetrics and Diseases of Women and Children.
 R. L. REA, M.D., Prof. of Anatomy.
 MOSES GUNN, A.M., M.D., Prof. of Principles and Practice of Surgery and Clinical Surgery.
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 CHARLES T. PARKES, M.D., Demonstrator.
 H. F. CHESBROUGH, M.D., Clinical Assistant and Prosecutor of Surgery.
 F. L. WADSWORTH, M.D., Assistant to Prof. of Physiology.

The Twenty-eighth Annual Course of Lectures will commence on Wednesday, Sept. 28th, 1870, and continue eighteen weeks.

FEES.—Lectures, \$55.00; Matriculation, \$5.00; Dissection, \$5.00; Hospital, \$5.00; Graduation, \$25.00.

Daily Clinics at the Dispensary, (except Sundays.) Surgical Clinics on Saturday afternoons, throughout the year, at which patients from the *country* and *city* are treated gratuitously.

Hospital Clinics are abundant and varied.

For Annual Announcement, or any information with reference to the College, address the Secretary.

DR. DeLASKIE MILLER,
 518 Wabash Avenue, CHICAGO.

CHICAGO MEDICAL EXAMINER:

N. S. DAVIS, M.D., EDITOR.

F. H. DAVIS, ASSISTANT EDITOR.

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NO. 3.

Original Contributions.

A BRIEF PAPER ON THE COMPARATIVE EFFECTS OF ALCOHOL AND TOBACCO, ON THE HUMAN SYSTEM.

By N. S. DAVIS, M.D., Chicago, Ill.

Prepared by the request of the Chicago Medical Society, and read at the
Regular Meeting, Dec. 26, 1870.

There are but few questions connected with the social and economical interests of the human family more important than those which relate to the influence of alcoholic drinks and tobacco. Whether we consider the vast expenditure of money occasioned by their use, the impoverishment they help to perpetuate among all classes; and their indirect effects upon the sanitary condition of individuals and communities; or whether we study their more direct influence over the moral, social, and physical condition of the consumer, we shall be overwhelmed with the magnitude of the subject, and astonished at the tenacity with which popular errors are perpetuated from generation to generation. It is no part of our present purpose, however, to enter upon so broad a field of inquiry. From the paper read at a previous meeting of the Society on the effects of tobacco,

and the discussions thereon, I infer that the task which the Society intended to impose on me for the present occasion was, simply to present my views of the *modus operandi* of alcohol and tobacco, when taken into the human system, and how far they mutually co-operate with or antidote each other. Hence I shall state, in as few words as possible, the results of the strictly scientific investigations concerning those agents, which have been made in Europe and America, during the last half century.

From all I have been able to find in our literature, or to develop from my own inquiries in relation to the influence of alcohol, the following propositions appear to be fully established:

First. Numerous chemical analyses of the blood and different tissues, made by different experimenters, show that when alcoholic drinks are taken, the alcohol enters the blood and permeates with it every part of the body.

This position is now acknowledged to be correct by all classes of observers.

Second. An equally reliable series of experiments have shown that the alcohol undergoes no chemical change in the system, but is eliminated through the excretory organs, more especially the lungs and kidneys, generally within a few hours after it is taken.

This position has long been disputed, but it was finally fully established by the results of the, well-devised and carefully-executed, experiments of Lallemand, Perrin, and Duroy.

Third. While the blood is circulating through the system, the alcohol diminishes the sensibility of the brain and nervous system in the same manner as other anæsthetics, and also retards the active changes in all the tissues; and consequently diminishes the sum total of eliminations or excretions in a given period of time.

The numerous and patient experimental investigations of Prout, Sandras and Bouchardet, Boker, Hammond, and others, have removed all doubts in regard to the truth of this proposition.

Fourth. By diminishing the atomic changes in the tissues of

the body and the sensibility of the nervous system, the alcohol by its presence also diminishes the temperature, the strength, and the power of endurance. That its presence in the system reduces the temperature, was first fully established by the results of a series of experiments performed by myself in 1850, some of which I repeated in 1867. These experiments consisted in testing the actual temperature of the body every half hour, with a delicately-graduated thermometer, for three hours after a moderate drink of alcoholic liquor. The tests were applied to both wine and whiskey.

These results are confirmed by the observations of Magnus and others in Europe. That the presence of alcohol directly diminishes the strength and power of endurance, is proved, not only by the foregoing scientific investigations, but also by a large number of carefully-observed facts in relation to the results of labor, in civil and military life, and by the statistics of sickness and mortality in all parts of the civilized world.

I am not aware that any well-informed writers, at the present time, call in question the correctness of the first and third propositions here stated; and hence we may regard them as expressions of established truths. The second and fourth, however, have thus far failed to command the assent of a large class of professional men and chemico-physiological writers, and consequently still elicit contradictory expressions of opinion. The second proposition declares that the alcohol undergoes no chemical change in the system, but is eliminated through the excretory organs, like other substances incapable of assimilation.

This proposition has met with the most persevering opposition. For a long period of time alcohol was almost universally regarded as tonic and nutritive. To use the emphatic language of another, it was represented to be "the conservator of strength in manhood, and the *milk* of age." In the rapid development of organic chemistry as a branch of science, Liebig and his followers, classing alcohol with the hydro-carbons, on purely theoretical grounds, declared it to be pre-eminently *respiratory food*. By which they meant that it united with the oxygen in the system, and was resolved into carbonic acid and

water with the evolution of caloric, thereby explaining its supposed efficacy in sustaining the temperature and activities of the system. But the experiments of Prout of England, Sandras and Bouchardet of France, and Boker of Germany, so clearly demonstrated that the presence of alcohol in the system diminished, not only, the elimination of carbonic acid and the absorption of oxygen, but retarded all the organic or atomic changes in the system, that the doctrine of Liebig was speedily abandoned. In its place, however, came another equally theoretical and more unphilosophical, namely, that inasmuch as alcohol retards the metamorphosis of tissue by retarding the atomic changes, it becomes "indirect" or "*accessory food*." This is the doctrine more or less distinctly taught by Austie, Johnson, Hammond, and other eminent writers of the present day. They assume that if the presence of a given quantity of alcohol diminishes the sum total of organic changes and eliminations to the extent of one pound, for example, in twenty-four hours, it is just equivalent to that much food or new matter added. In other words, to keep up the popular idea that alcohol is in some way *food* to the human system, the position is clearly assumed that to retard tissue metamorphosis is equivalent to tissue nutrition. It seems hardly possible that men of eminent attainments in the profession should so far forget one of the most fundamental and universally recognized laws of organic life, as to promulgate the fallacy here stated. The fundamental law to which we allude is, that all vital phenomena are accompanied by and dependent on molecular or atomic changes; and whatever retards these retards the phenomena of life; whatever suspends these suspends life. Hence to say that an agent, which retards tissue metamorphosis, is in any sense *food*, is simply to pervert and misapply terms.

To be consistent we must apply the same rules of inquiry to the investigation of the effects of alcohol, that we do to all other substances. When various salts of potassa, soda, mercury, arsenic, strychnine, etc., are taken into the system, and by appropriate analyses and tests they are found to have enter-

ed the blood, permeated the tissues, and reappeared in one or more of the excretions without chemical change, it is universally regarded as sufficient to prove that they are agents foreign to the animal economy, incapable of assimilation, and therefore medicines as distinguished from food. Apply the same rules to alcohol, and it must be placed in the same category.

For all concede the fact that it has been detected abundantly in the blood, the tissues, and nearly all of the excretions. The pretext that because no one has actually collected from the various eliminations, within a given time after taking alcohol, the exact quantity taken, a part of it may still be used up as some kind of nutrient in the system, is merely begging the question.

I am not aware that any chemist has collected from the excretions or tissues the exact amount of soda, potassa, mercury, arsenic, or strychnine, that may have been taken into the system at a given time. But does any one, on that account, claim that some part of these substances may, after all, act as *food*, either direct or *indirect*? If we allow the same rules of investigation, and the same laws of induction to apply in arriving at conclusions concerning the action of alcohol, as we do in relation to all other agents we must regard the correctness of the second proposition as fully established.

The assertion in the fourth proposition that the presence of alcohol reduces the temperature of the system, though still doubted by some, is so generally conceded by writers at present, that I shall only refer to two or three additional items of proof that have come under my observation within the last few days. Dr. Rabateau has recently published in the *Union Médicale of France*, a paper giving his researches upon this subject, of which the following is stated as one of his conclusions, *viz.*: "Alcohol *lowers* the temperature, retards the organic combustion, and consequently diminishes the carbonic acid and urea. Its action on the blood globules is the same as that of arsenic and oxide of carbon. It is *antipyretic* and *antiphlogistic*."

In a recent number of the *New York Medical Journal*, Dr.

P. DeMarmon reports three cases of the poisoning of children by whiskey. The first case was a boy five years of age, who took a tumbler of whiskey at six o'clock in the morning. At nine o'clock P.M., fifteen hours after the whiskey was taken, the temperature, as taken in the axilla, was $93\frac{1}{2}^{\circ}$ F. In four hours more the child died.

The second case was that of a girl aged five years, who took a tumblerful of whiskey-and-beer, at four o'clock P.M. She was seen by the doctor two and a half hours after, and found to be profoundly unconscious, having had involuntary discharges, and her temperature was reduced to 94° F. She was placed on appropriate treatment, and finally recovered.

The third case was a boy eight years of age, who took a quantity of whiskey at eight o'clock in the morning; soon became insensible and died in twenty-one hours, and his temperature was not ascertained.

Dr. N. S. Cheever of the Michigan University, has recently reported the results of twenty-eight different observations concerning the effects of various alcoholic drinks on the temperature of different individuals, from which he deduces the following propositions:

"1. That non-poisonous doses of alcoholic liquors have but little, if any, influence upon the body temperature of man.

"2. That this influence, when exerted, is not uniform, but varies with individuals and liquors.

"3. That this influence alone is not sufficient to indicate or contraindicate the use of these agents in any case."

In the limited number of cases in which the taking of alcoholic drinks has been followed by an appreciable increase of temperature, we think a careful examination will show that such increase has been either limited to the first twenty or thirty minutes after the drink was taken, or to those cases in which food was given in conjunction with the alcohol. In the first, the increase of temperature is caused by the direct contact with and anæsthetic effect on the gastric branches of the pneumogastric nerves, and is limited to the few minutes that intervene

before the alcohol has had time to reach the arterial side of the circulation, or to permeate the tissues generally. A similar temporary increase of temperature has been found to follow cutting or irritating the pneumo-gastric nerves in the neck. The fact that the increase of temperature is claimed to be observable within five minutes after the alcohol is taken, and generally continues less than thirty minutes, is sufficient to show that it is owing to the local effect on the gastric nerves, and not to the presence of the agent in the blood. That a slight increase of temperature is observable after taking alcoholic drink in connection with milk, egg, or other food, is undoubtedly true. But the same, or even greater increase would be found to occur after taking the same food without the alcohol. More than twenty years since, we proved by numerous careful experiments, that the temperature of the human system is always increased from 0.5 to 2° F. during the period of active digestion after taking ordinary food. To judge accurately of the true physiological effects of alcoholic drinks on the functions of the human system, they should be taken with the individual at rest, the stomach unoccupied by food, the atmospheric temperature equal, and the observations continued through sufficient time, to allow the agent to complete its work by absorption, circulation, and elimination. When these conditions have been observed, we have found no evidence that alcoholic liquors increased the temperature, but, on the contrary, that they caused diminution, in small doses, of from 0.5 to 1.5° F., and in poisonous doses from 3° to 5° F.

That the presence of alcohol directly diminishes the strength and power of endurance, is proved, not only by the foregoing scientific investigations, but also by a large number of carefully observed facts in relation to the results of labor, in civil and military life, and by the statistics of sickness and mortality.

Twelve or fifteen years ago an article appeared in the *British and Foreign Medico-Chirurgical Review*, embracing a large amount of statistical information on this subject. At one place in England, where a large amount of brick-making is carried

on, and where the amount of each man's work, the number of days lost by sickness or otherwise, and the deaths, were made matters of record, the rules of the service allowed to every man a mug of beer at each meal.

But there were among the workmen quite a number who wholly abstained from the use of the beer or any other intoxicating drink.

An examination of the record showed that the average amount of work done, per annum, by the beer-drinkers was a large percentage less than that done by those who wholly abstained, while the number of days lost by sickness was greater. The same relative results have been shown in reference to every other species of manual labor where records have been kept sufficient to afford a comparison. The article to which we have just alluded contained some interesting items from the reports of the Registrar-General of the British Army. At that time the soldiers of the army in the East Indies were allowed regular daily rations of whiskey; but there were some companies of pledged teetotalers, who faithfully declined the ration. On examining the details of the regular reports concerning sickness and mortality in that army, it was found that the ratio of sickness and mortality among the teetotalers was from five to ten per cent. less than for the rest of the army.

The history of our own army affords some facts of importance on this subject. Dr. Mann, a surgeon of excellent authority, who served with the army of the Revolution, says: "At that period, during the revolutionary war, when the army received no pay for their services, and possessed not the means to procure *spirits*, it was healthy. The Fourth Massachusetts regiment, at that eventful period of which I was surgeon, lost in three years, by *sickness*, not more than five or six men. It was a time when the army was destitute of money. During the winter of 1779-80, there was only one occurrence of fever in the regiment, and that was a pneumonia of a mild form. It was observable in the last war, from December, 1814, to April, 1815, the soldiers at Plattsburg were not attacked with fevers

as they had been the preceding winters. The troops during this period were not paid; a fortunate circumstance to the army, arising from the want of funds."

These may be said to be only negative results, but unhappily the history of the recent war for the suppression of rebellion furnishes some examples of a positive character. While General Cass was Secretary of War, several years since, the whiskey rations were discontinued in the United States Army, and coffee and sugar substituted. This has been the army regulation ever since. The army of the Potomac, in the spring of 1862, was subjected to great hardships in labor, and exposed to the extremely wet and malarious region of the Chickahominy. There was consequently much sickness and suffering. Under these circumstances, the commanding general issued an order on the 19th of May, allowing every officer and soldier one gill of whiskey per day, half to be served in the morning and half in the evening.

The results were so manifestly injurious to the sanitary condition of the army, that in just thirty days the order was fully countermanded by the same general. Concerning this experiment in the Army of the Potomac, Dr. Frank H. Hamilton, one of the most eminent surgeons serving with that army, says: "It is earnestly desired that no such experiment will ever be repeated in the armies of the United States. In our own mind, the conviction is established by the experience and observation of a life that the regular routine employment of alcoholic stimulants by man in health is never, under any circumstances, useful. We make no exceptions in favor of cold, or heat, or rain, nor, indeed, in favor of old drinkers, when we consider them as soldiers."

For these and other facts bearing on this subject, see Dr. Hamilton's valuable work on *Military Surgery*, from page 70 to 75. Further facts of a striking and perfectly authentic character, bearing on this subject, may be found in one of the volumes of "*Medical Inquiries and Observations*, by Benjamin Rush, M.D.," in a chapter devoted to a comparison of the dis-

eases prevalent in Philadelphia during ten years previous to the revolutionary war, with those of a similar period after the close of that war. Indeed, it were easy to fill a volume with facts and statistics showing that in every relation of human life, the use of alcoholic drinks diminishes man's capacity to endure both mental and physical labor; increases his predisposition to disease; and shortens the average duration of life. And, although we have had our attention directed to this subject for thirty years, we have not found, either in the records of medicine or of general literature, a single statistical item calculated to prove the contrary. We have seen an abundance of *opinions* expressed of an adverse character. But *opinions* are not facts.

It is very common to hear that some sick or injured person has been kept up, or "kept alive," on brandy, or whiskey, or wine, for several weeks. But do those who make the assertion have any reliable means of knowing whether the sick person was actually kept alive by the alcoholic potion, or whether he lived in spite of it? The eminent Dr. Todd testified strongly to the sustaining and beneficial influence of alcoholic drinks in the low forms of fever, yet statistics show that in the London fever hospitals, with which he was connected, the ratio of mortality increased *pari passu* with the increased use of alcoholic drinks as remedies. The able corps of medical attendants on the Bellevue and Emigrant Hospitals in New York also bore decided testimony to the utility of these liquors in the treatment of the same forms of fever, and used them largely. But the mortality was one in every five or six cases treated. The same fevers placed in tents with plenty of fresh air and nourishment, without a drop of alcoholic drinks in their treatment, gave a mortality of only one in seventeen.

The statistics of almost all epidemics show that those addicted to the use of intoxicating drinks are much more liable to be attacked than those who abstain; and of those who are attacked, a larger proportion die. If alcohol takes no part in nutrition, but passes through the blood, disturbing the nervous sensibility, and retarding the organic changes, some may be ready to ask

why habitual drinkers of wine and beer grow fat and increase much in weight. We answer, that the presence of alcohol in the blood not only retards atomic changes in the tissues, but it diminishes the amount of oxygen taken in through the lungs. Consequently, the carbonaceous elements of the blood and tissues do not become oxidated as rapidly as when the alcohol is not present, and they accumulate in the form of *fat*. And this process is sometimes carried so far that the heart, liver, and kidneys undergo more or less fatty degeneration, constituting incurable forms of disease.

The increase of bulk and weight in these cases is not from an increase of natural nutrition, but a slow accumulation of hydro-carbonaceous material from retarded metamorphosis. The individual fattened under such influences invariably diminishes in physical activity and power of endurance, in proportion to the increase of weight.

The simple logical deduction from all the carefully observed facts in relation to this subject, is, that alcoholic drinks, when taken into the human system, circulate in the blood as foreign agents, and until eliminated or cast out through the excretory organs, produce a temporary exhilaration of the mental faculties, accompanied * by diminished sensibility, temperature, strength, and atomic changes. And when these effects are often induced, they result in a more or less permanent morbid or diseased condition of the gastric branches of the pneumogastric and ganglionic nerves, by which morbid impressions are transmitted to the censorium, constituting what is styled an appetite or craving for stimulating drinks. But the state here alluded to is not a mere appetite dependent on a morbid condition of the gastric nerves. On the contrary, the alcohol in the blood, permeating all the tissues, by its strong affinity for albumen, modifies the play of vital affinity in such a manner as to retard those atomic or molecular changes which constitute nutrition, disintegration, and secretion. As soon as the direct anæsthetic effects of the alcohol have ceased by a failure to renew the dose, in persons whose tissues have been habituated

to its impressions, there comes a general feeling of uneasiness, an indescribable restlessness, often a sense of exhaustion; or, to use a phrase common to such persons, they "feel as though they could not live" without something to sustain them. It is this interference with the natural molecular changes, and the consequent morbid condition of the properties of the tissues generally, that so irresistibly impels the habitual drinker to continue his ruinous practice, more than a mere appetite or relish for the liquor itself.

The influence of alcohol on the properties and molecular changes of the tissues, leads to three ultimate results, according to the quality and quantity taken in a given period of time. If distilled spirits are used freely and continually, the alcohol so rapidly retards metamorphosis, and lessens the sensibility of the gastric nerves, that all appetite for food is lost. The processes of digestion and assimilation are so far suspended that the brain, as well as the other structures of the body, fails to receive a sufficient supply of new atoms to enable it to perform its functions, and in from two to four weeks, the individual is arrested in his career, by the supervention of delirium tremens. If the same kind of drinks are used daily, but in more moderate quantity, a certain amount of appetite and digestion is retained. Assimilation and nutrition continue, but in a more or less perverted manner. The blood becomes slowly impoverished of its nitrogenous nutritive elements; the nervous and muscular structures become weakened by the deposit in them, of fat granules, instead of their own proper substances; the liver, or kidneys, or both, undergo the same fatty degeneration; and thus, in a few years, we have developed that peculiar condition so well known as *chronic alcoholism*, or the alcoholic diathesis. But if fermented drinks, such as ale, porter, wine, and beer are used, with only now and then a small quantity of distilled spirits, the quantity of alcohol in the blood will not be sufficient to cause impoverishment of that fluid, or rapid changes in nutrition and waste. Its presence, however, will so far lessen the interchange of carbonic acid gas for oxygen in the lungs, as

to keep the carbonaceous elements of the blood constantly in excess, and the play of vital affinity in the tissues, slightly retarded. A slow but certain accumulation of fatty tissue will be the result, with a corresponding impairment of the nervous and muscular vigor. Eventually, however, the tendency to fatty deposits will be manifested in the liver, kidneys, muscular structure of the heart, and even the coats of the blood-vessels, especially of the brain; and life will generally be terminated between the ages of forty-five and sixty years, by apoplexy, cardiac failure, or dropsy, induced by hepatic or renal disease.

This hasty review of the well-known pathological effects of alcoholic drinks, shows results strictly in accordance with the deductions from experiments and the observed facts of every day life.

Hence we are compelled to designate them as anæsthetic and sedative; anæsthetic to the nervous system, and sedative to the properties of the tissues.

As such they are capable of being used to fill a limited number of indications in the treatment of disease. And yet, there are other well-known agents in the materia medica that will meet the same indications equally well, or even better. So true do I deem this assertion, that for twenty years, I have not prescribed for internal use the amount of one pint of alcoholic drinks annually, including both hospital and private practice.

(To be continued.)

CÆSAREAN OPERATION PERFORMED FOUR TIMES IN THE SAME SUBJECT.—Dr. Oettler reports a curious case of this. The subject of it had a narrow pelvis, resulting from rickets, with which she had been affected from infancy. The first labor was in 1853, when she was 23 years of age, and her subsequent ones in 1857, 1858, 1859, and 1863. Each time she was delivered by Cæsarean section of a living and viable child, rapidly recovered from each operation, and at the date of the report was in good health. —*Revue de Therapeutique*, Sept. 15, 1870.

CLIMATE OF NEBRASKA—CEREBRAL AND BOWEL AFFECTIONS, ETC.

By NOBLE HOLTON, M.D., of Falls City, Neb.

Prof. N. S. DAVIS—*Dear Sir:*—My lot was cast in the above-named place the last of July, 1870, the principal object being to test the climate in its effect upon the health of my wife. She has been suffering from an hereditary rheumatism of a chronic and sub-acute character, for 18 years, principally affecting the large joints. This town is situated in latitude 40 north, and on rolling and well-drained prairie, and 30 to 50 feet higher than the adjacent Nemaha river bottom, just south of it.

This bottom is from a mile to two miles wide, and generally partly covered with water, and a heavy growth of vegetation. It is not so muddy as to hinder teams crossing it at any time, or in any place, except it is on account of extreme high water, or when the frost is going out in the spring.

The stream is a good-sized mill-stream, and having a quick current with many good chances for water-power. The soil is a sandy loam, very productive, with a porous under-soil, rapidly absorbing moisture, and capable of producing prolific crops, even in seasons of extreme wet or drouth, under proper cultivation.

The town has a population of 1,000, and, like other western towns, is a lively place, and quite rapidly increasing in population with a preponderance of younger people and children.

All these preliminaries have been written so that readers might judge what influence they had in producing what I am about to relate.

When I arrived here, the country was suffering from quite an extreme drouth, and also from a high temperature, it being no unusual thing for the mercury to reach 90° or 100° F. On Sunday, July 31, 1870, I was called, in consultation with Dr.

Shaw, to see a child, about a year old, of Esq. F.'s. It had been troubled for a week with serous diarrhœa, light-colored and fetid discharges, not so profuse as to have caused much emaciation, with occasional vomiting. The reason for alarm, when I was called, was, that on the 30th the vomiting had suddenly become so frequent, the child could not retain anything on its stomach—either drinks, food, or medicine—and was very restless. Upon careful observation, the vomiting was seen to be an ejection of the contents of the stomach at a gulp, and this would occur more promptly when the child's body was held perpendicularly. This led me to examine the brain more carefully, when the pupils were found to be unequally dilated, the large veins of the neck turgid, and the anterior fontanelle fuller than natural, together with increased heat of head.

From these symptoms, the conclusion was that there existed hyperæmia, or, perhaps, inflammation of the brain, and that this peculiar vomiting was caused by the brain disease, and not by irritation or inflammation of the stomach. Whether this was true or not, we agreed upon the following treatment:

R Potass. bromid.,-----℥j.
Aqua distil.,-----5j.

M.

And give a dose sufficient to make one grain of the bromide every four hours; also,

R Bismuth s. n.,-----gr. j.
Soda bi-carb.,-----gr. ss.
Hydrarg chlor. M.,-----gr. $\frac{1}{4}$.

M.

And give a powder every four hours, alternately. Cold sponging to the head was also recommended. Warmth to the extremities and beef-tea for nourishment, well salted, with urgent instructions to keep the child as quiet as possible and recumbent. Under this treatment it promptly improved, and when the active symptoms were relieved, the tannate of quinine and other tonics completed the cure. The week I arrived here, there were six deaths of similar cases, and the people were thoroughly alarmed.

Following the case related, there were two attacks in children of moderate diarrhœa, with occasional vomiting, which readily improved under ordinary treatment; but on Friday I saw a child with Dr. Hanna who was having fetid, fecal, bilious and mucous discharges, and a little vomiting, and had been sick four days. This child was taking calomel in small doses, combined with bismuth, opii., ipecac., and rheubarb, with tannate of quinine in the remission.

It appeared to be doing so well there was no change made, but in a few days brain symptoms came on, and the child died. Not having an opportunity of seeing it again, I cannot tell what the treatment was.

On the 19th of August I saw a child, two and a-half years old, with Drs. Hanna and Shaw, suffering from summer complaint three weeks, with vomiting, loss of appetite, and, consequently, emaciation.

This case was accompanied with well-marked remissions and exacerbations, and was put upon quinine as a general remedy, under which he seemed to improve for a few days, but he again grew worse, when he was given iron, cinchonia, and bismuth, alternating with bromid. potass.

He, however, gradually failed, brain symptoms set in, and he died Sept. 12th.

On the 22d of August I saw, with Dr. Shaw, a child, one year of age, of Mr. N.'s, who had been troubled with attacks of vomiting and diarrhœa, occasionally, for two months, but now the vomiting was very frequent, and diarrhœa mucus, with tenesmus on passing the discharges. He was ordered turpentine emulsion, alternated with potass. bromid.

R	Pul. gum arabic,-----	
	White sugar,—āā,-----	3ij.
	Spts. turpen.,-----	
	Tinc. opii.,—āā,-----	5ij.
	Mint water,-----	5ij.

M. Dose, 15 drops every four hours.

R	Potass. bromid.,-----	℥j.
	Aqua distil.,-----	3j.

M. And give sufficient to make a grain of the bromide every four hours.

Dr. Shaw, by mistake in writing the directions, ordered a teaspoonful of the emulsion, and, if the tenesmus was severe, a teaspoonful and a-half.

Consequently, in the morning early, I was called to see the child immediately, for it was thought to be dying. The child was found to be under the exaggerated effects of opium, and a drop of Ext. Bellad. fl'd was given at once, sinapisms to extremities, the bromide to be continued, with cold to the head, and emulsion discontinued.

The active symptoms gradually subsided, and a course of quinine, followed by ferrated elixir calisaya completed the cure.

During July, August, and September, there were fifteen deaths of children under two and a-half years of age, all terminating with cerebro-spinal disease, in town and surrounding neighborhood.

About the first of September, the hot, dry weather gave place to a cold, rainy period, which continued for six weeks. On the 8th of August I was called to see an infant child of Mr. C.'s, who was taken with mild diarrhœa and occasional vomiting, but readily recovered, so that no further attention was given it until the 8th of September, when the diarrhœa was more obstinate, but not considered alarming till the 12th, when it exhibited unmistakable brain symptoms. It was put upon the potass. bromid., and the proper adjuncts, and in 24 hours seemed very much better; but next day the symptoms rapidly grew worse, and it died in two days.

My observation in this case convinced me that there was not only loss of tone of the whole system, and loss of the saline and plastic properties of the tissues, from the long continued and intense heat, but also that there was a powerful septic poison operating to destroy life by attacking the nerve centres. These cases were called cholera infantum, but in a practice of twenty-five years I had not seen it terminate with so trifling exhausting discharges, and so invariably with brain symptoms. The sulph-

ites had been used to some extent, on general principles, but now they were used to neutralize the supposed septic influence. The sulphite of lime was selected in those cases where the digestive organs were irritated, as the soda might increase the trouble.

When, on the first of September, the weather became cool and wet, the attacks of summer complaint were superseded by attacks of typho-malarial fever, the use of the sulphites could be prosecuted no further in the cases of summer complaint. These cases were preceded by a few days of illness, when a well marked chill, followed by fever and a remission, ushered in the fever.

These were the symptoms of remittent fever, but when carefully observed, the remission was not complete, and there was a peculiar dingy appearance of the face, with dulness of intellect, indicating a more profound disturbance of function than would be seen in a remittant.

The chills and remission would grow less and less in succeeding days, a serous diarrhœa would come on, with dry tongue, red at tip and edges, brown in the middle, sordes on the teeth and lips, a tympanitic abdomen, and mild delirium at night.

In most of these cases there was a rose rash on the chest or abdomen, appearing at different time from the attack, in different cases from four to twelve days.

The treatment was a mixed one: mercurials at first to stimulate the secretions, sulphites as antiseptics, quinine as an antiperiodic, to meet the malarial element, and the turpentine emulsion for the more particularly typhoid condition. Under this treatment I know of only one death, and that one was caused by congestion of the brain, ushered in by a severe chill, and followed by collapse, like a pernicious intermittent. This occurred in the fourth week of the disease. The fever usually continued two weeks, but varied from nine days to four weeks, but patients gaining strength very slowly after that. South and southeast of town is the Nemaha river bottom, from a mile to two miles wide, and during the hot, dry weather the wind

was often from that direction, and the town, on a gentle elevation, extends to the bottom. This is the only source of malaria apparent in the neighborhood, and, according to authorities, would be expected to produce autumnal or malarial fevers, but in what way did it operate to produce such mortality among children, invariably terminating in cerebro-spinal disease? And, can a change of temperature and moisture cause a typho-malarial fever in adults? I know of no way of accounting for it except by the addition of a septic poison of an unusual character to assist it, for it is true the under-soil is porous and the atmosphere dryer than east of the Missouri river.

During these months there were cases of disease, exhibiting all grades of disturbance of the digestive organs, dysenteric, choleric, and neuralgic. A case of a man 65 years old, who was attacked, while threshing on Saturday, Aug. 20th, with cholera morbus, and called Dr. Wilson, but as he continued to grow worse, I was called on Tuesday evening.

At the time, he was vomiting, and purging watery discharges, and extremities cold and cramping, pulse small and frequent. He was ordered bismuth and morphine, to be taken immediately after a spell of vomiting, about once in two hours, with sinapisms to feet, over the stomach, and along the spine; also, artificial warmth. Saw him again next day, but there was no reaction, and he gradually failed and died next night. He had been ordered beef-tea, well salted, for nourishment, and milk porridge. The relatives informed me Dr. W. gave him a dose of pills, after which he grew worse.

Mrs. S. called me Sept. 19, on account of purging and vomiting, accompanied with great depression. Under appropriate treatment the vomiting and serous diarrhœa were arrested, but the irritation extended to the colon, causing dysenteric evacuations. By modifying the treatment, to meet this indication, followed by quinine and other tonics, she fully recovered, much to the surprise of her friends and neighbors.

In the latter part of the year there was an apparent lack of tone, a debilitated condition, exhibited even in those who were

not actually sick, and mothers who were lying-in had lingering labors generally from inertia of the womb. Now, were the extreme hot and dry months of the summer the cause of this septic poison and all these symptoms, is the question?

I believe they were. In reference to the effect of the climate upon the health of my wife, I am happy to state she has been gradually improving.

The tissues appear to be condensed, the joints assuming a more natural appearance, and the soreness subsiding, and the use and elasticity returning. The dry, bracing, and, perhaps, slightly alkaline, air from the plains may be credited for this effect. I also consider the climate well adapted to asthmatic and catarrhal diseases on the same principle. I have known a number of persons subject to these complaints entirely relieved by a residence here.

SULPHATE MORPHIA AS A PARTURIENT.

By L. D. ROBINSON, M.D., of Coatsville, Ind.

In January number of *Examiner*, I see the above subject briefly alluded to by Robert Robson, M.D., New Harmony, Ind. The Doctor says: "I have had frequent occasion to administer this article (morphia sulphas) in labor, in cases of nervous irritability, with a view to its anodyne effect, when it has resulted in producing effects similar to the *secale cornutum*."

With all due deference to the venerable Doctor's opinion on the *modus operandi* of sul. morphia, in such cases, I beg leave to respectfully dissent from his views as quoted above. I have, for several years, been accustomed to administer sul. morphia in all cases where there was irritability of nervous system, and the labor protracted by rigidity of the os uteri, or perineum. And in all, and every such case, it has not only given the patient great relief, but, in my judgment, very much accelerated

the labor. Not, as I conceive, by directly, or otherwise, increasing uterine contraction, as *secale cornutum* does, *but, by its quieting and soothing influences upon the nervous system in general, including the uterine nerves, thus relaxing the rigid resisting parts, and permitting the natural physiological process of uterine contraction, and expulsion of fœtus, to go forward to completion of the process, more easily and rapidly.* When true labor sets in, it is not an abnormal process, but a strictly natural, physiological operation, and anodynes, nor even complete anæsthesia can, or will, for any considerable length of time, retard the process. But if there is any obstruction to the proper, natural process of parturition, from rigidity of the os uteri, or the perineum (which I regard as abnormal), either anodynes or anæsthesia will correct, and are the best means of correcting, this abnormal obstruction to the rapid termination of the labor.

Again, Dr. Robson says: "Such a property in the sulph. morphia would undoubtedly account for the many failures in the prevention of abortion where opiates have been given." My observation has been that morphia sulph. would prevent all cases of threatened abortion, where correctly administered, that were preventable; and I never knew it increase the uterine contractions in any case of abortion, or threatened abortion. I regard abortion, if not a diseased action, as unnatural and abnormal, and hence sulph. morphia, or anodynes, often completely control such cases, and they go on to natural labor.

Much more might be said on this interesting subject in this connection, but I presume I have said enough to be understood and I will close my remarks.



RUPTURE OF THE UTERUS—GASTROTOMY.—D. J. H. Tylecote records (*Lancet*, Nov. 5, 1870) a case of rupture of the uterus. The child escaped into the abdominal cavity; gastrotomy was performed, and a still-born child removed. The mother recovered.

COMMENTS OF "W. H.," ASSISTANT-EDITOR OF
THE CHICAGO MEDICAL JOURNAL, FEB., 1871,
UPON OPIUM IN METRO-PERITONITIS, BRIEFLY
REVIEWED.

By THEODORE GRIFFIN, M.D., Chicago, Illinois.

The article on "Opium in Metro-Peritonitis," which I contributed to THE EXAMINER for December, 1870, is quoted in full in the *Chicago Medical Journal* for February, 1871, under "Selections" (Walter Hay, assistant-editor) followed, by what was no doubt designed to be a scathing criticism thereof. The article appears over the initial letters, "W. H.," and is markedly characterized by a labored effort, as I have said, to be *scathing*.

The writer begins his criticism and argument (?) by an assault upon the editor of THE EXAMINER for admitting my report for publication; stating that such articles are calculated to mislead the unwary, and possibly to occasion disastrous results. He accuses the worthy editor of THE EXAMINER of "conducting a reckless style of journalism." Then follows some rambling generalizing about opium eating, after which the writer directs his remarks to the report in question. The second paragraph of this article is devoted to a condemnation of the manner in which I *observe* my cases. In the third paragraph the writer attempts to convince his readers, by an improper arrangement of sentences and portions of sentences, belonging to different paragraphs of my report, that I regarded "bowels constipated," pulse 90 and bounding," etc., as a plain indication for the use of opium. "Which" (symptoms) says this erudite writer, "according to the teachings of modern physiology contraindicate its use." While the symptoms above-named were present, no opium was given; these precursory symptoms yielded, as I said, to a little mild treatment without the employment of opium. In the fourth paragraph the writer defines an axiom, and states,

that the axiom which I proposed “involves both a verbal and therapeutic paradox, the second and third terms each containing a possible contradiction of the first.” How this can be is beyond my comprehension, as the axiom contains but *two* terms, and not *three*, as is asserted by the *learned* critic. I, however, shall quote the *axiom* which so much agitated the mind of “W. H.,” at the close of this article, that the reader may exercise his mind in a search for the “three terms” thereof, as well as for the “verbal and therapeutic paradox,” said to be contained therein. Now follows, in the two succeeding paragraphs, a somewhat detailed notice of the, to him, incomprehensible use of the large and increasing doses of opium which I employed. Observe what he says: “Although the patient was much worse, and her ‘*nervous system much disturbed and agitated*,’ (italics his), the dose was rather more than doubled.” I increased the dose from one to two grains per hour, as “the pain continued unabated, and her appearance indicated great suffering.” “W. H.,” however, is startled at the idea of increasing the dose under such circumstances. “W. H.” becomes more and more horrified as the size of the dose is continuously increased to vi grs. of opium per hour—which was the maximum dose employed—and he finally exclaims: “Was she better? more opium! Was she unchanged? more opium!! Was she worse? still more opium!!!”

The writer says the analysis of the case suggests the following subjects of inquiry, the second subject being, as he tells us, “the total failure of the opium to produce any of its constitutional reactions, aside from ‘disturbance and agitation of the nervous system,’ ‘subsultus tendinum,’ and arrest of the renal and ‘mammary secretions,’ which the author evidently excludes from that category.” Thus the reader will perceive that the writer mistakes the symtoms produced by the disease for the “constitutional reactions” of the opium.

The 3d subject of inquiry is into “the persistence in the administration of a drug which had so entirely failed, not only to meet the indications, but even to manifest any of its usual effects.”

This 3d subject of inquiry will be considered in a brief notice of the Use of Opium in Metro-Peritonitis, at the close of this article.

The writer declares in closing, that either,

1st, *The medicine was not taken*, or,

2d, That the drug was worthless, or,

3d, That the medicine was passed unchanged in the stools, or,

4th, Which he believes to be the true solution of the mystery, the woman was an opium eater already.

Throughout the whole of the article "W. H." exhibits a vindictive style of expression which is truly impressive; he also displays a remarkable degree of ignorance of that portion of medical literature which relates to metro-peritonitis and its treatment. For instance, he mentions the nervous agitation, subsultus tendinum, diminished renal and mammary secretions, as "constitutional reactions" of the opium which was given; whereas, every intelligent medical student knows that these are prominent and ever present symptoms in severe cases of metro-peritonitis.

I affirm, 1st, That opium was taken in the case represented by me, in the quantity, and in the time mentioned.

2d, That the opium taken was *good* opium.

3d, That to the best of my knowledge the woman was not an opium eater, and

4th, That the patient made a rapid and satisfactory recovery, which is the end most desired in treatment.

For the satisfaction of "W. H.," who flatly asserts that I was guilty of misrepresentation, or that the woman was an opium eater, I will briefly allude to the experience of Prof. Alonzo Clark in the treatment of this disease with opium, as detailed in Prof. Byford's Medical and Surgical Treatment of Women, page 536, to show that a patient laboring under puerperal peritonitis, may take not only vi grs. of opium per hour without harm, but may take more than three times that amount, for many successive hours, with benefit.

Alonzo Clark says, "Puerperal peritonitis has frequently visited the lying-in wards of Bellevue Hospital during the last twenty years, and the recovery of those who have been attacked

by it, up to the winter of 1851-2, was the exception rather than the rule. Having acquired great confidence in the efficacy of large doses of opium in simple peritonitis, when the puerperal form of the disease made its appearance in December, 1857, I resolved to try its virtues in this more formidable affection." Then follows a detailed report of a number of cases. It will answer my present purpose to mention the amount of opium given in two out of a number of cases, illustrating, as they do, the great tolerance of opium in this disease. In one case "xij grs. of opium were given per hour, for many successive hours, without marked narcotism." In the seventh case reported, "the treatment was commenced at 10 A.M., on the 26th of December. Two grs. of opium were given hourly; at 2 P.M. no change in symptoms, dose increased to iv grs. per hour; at 4 P.M. to v grs. hourly; at 6 P.M. to viij grs.; at 8 P.M. to x grs.; at 9 P.M. to xij grs.; and so on to the termination of the disease." "This woman took in the second 24 hours of her treatment 472 grs. of opium," averaging $19\frac{7}{2}$ grs. of opium per hour. "On the third day she took 236 grs. of opium." "She assured me repeatedly," says Dr. Clark, "that she did not know opium by sight, and had never taken it or any of its preparations unless prescribed by a physician."

The two patients above alluded to recovered.

As a result of his experience with opium in puerperal peritonitis, Dr. Clark gives us the following conclusions:

"1st. When a prominent element in puerperal fever is peritonitis, the treatment with large doses of opium is more successful than any other which has been proposed."

"2d. To be successful, this treatment must be commenced early, and the patient must be brought under its influence as rapidly as the susceptibility of the system can be ascertained by trial."

"3d. The quantity of opium required to produce a safe but desirable degree of narcotism varies greatly in different cases, so that it is necessary to begin with doses that cannot do mischief, and increase every two hours until the influence of the opiate is sufficiently decided."

"6th. The tolerance of opium in some cases of puerperal peritonitis almost surpasses belief," etc.

"7th. The influence of the opium should be kept up until the pain and tenderness subsides."

In the treatment of the case reported by me in the December number of THE EXAMINER for 1870, I was guided by essentially the same ideas as are expressed in Dr. Clark's conclusions; and were I called to treat a case of metro-peritonitis to-day, I should use opium; and I should use it as directed in the 2d and 7th paragraphs of Dr. Clark's conclusions.

Why this great tolerance of opium exists in this disease is not readily accounted for; it may doubtless be accounted for in part upon the hypothesis that pain, which is present in an intense degree when there is a great amount of peritoneal inflammation, may counteract the physiological influence of the drug upon the nervous system. Pain, the reader is aware, is due to some disturbance of the nervous system. Opium, the reader is also aware, exerts its effect primarily upon the nervous system, and secondarily, through the nervous system upon the circulation, organs of respiration, etc.

It therefore follows, that while the nervous system is laboring under an intense degree of irritation, denominated *pain*, that, great quantities of opium taken into the stomach and absorbed, would most probably be inadequate to produce the poisonous effect of opium; whereas, when the nervous system is in a natural and placid state, how readily it yields, and is overwhelmed by the sedative effect of the opium.

It is needless to warn the intelligent physician to be careful in the use of so potent an agent as opium; he is already apprised of its power, and knows how far it can be administered with safety; "W. H.'s" assertion to the contrary notwithstanding.

Let this fact, which should be accepted as an *axiom*, be constantly borne in mind at the bedside: "*If indications are scrupulously met in treatment, no drug poisoning, with its disagreeable and dangerous perturbations, will occur, however large the dose of the drug may be.*"

I wish, in conclusion, to call attention to one other paragraph by "W. H.," when, referring to my use of opium, he questions "(1st) the propriety of administering a cardiac stimulant and arterial sedative (?) when the reciprocating equilibrium between these two portions of the circulatory system was already disturbed by the increased activity of the heart."

Is it true, that opium is *at the same time* a "*cardiac stimulant and arterial sedative*"? Here is a "therapeutic paradox" in reality.

I trust that I have made apparent, what every intelligent physician must know who has read this critic's criticism; that the critic is deplorably ignorant of the subject upon which he presumes to criticise.

OSSIFICATION OF THE CHOROID; ENEUCLEATION OF THE GLOBE.

By C. HIXSON, M.D., formerly Professor of Ophthalmology in the College of Physicians and Surgeons, Kansas City, Mo.

More than twenty years since, a Mr. T. J. Ford, who at that time resided in the State of Kentucky, whilst exploding a percussion cap with a hammer, received a piece of it in his left eye. Severe inflammation followed, and, after having suffered untold misery, he was induced to seek surgical aid. Amongst others, Prof. Gross, then of Louisville, was consulted, who advised the removal of the eye. To this the patient would not accede. He finally removed to this State, and the continued pain, and failing vision of the other eye, induced him to submit to the removal of the injured organ.

Accordingly, on the 25th of January, I enucleated the globe. Examination of the eye after removal revealed the interesting condition of ossification of the choroid, embracing fully three-fourths of the entire area of the first division of that membrane, or that part extending from the optic nerve entrance to the ciliary processes. Nothing but a mere trace of the choroidal pig-

ment was found remaining over the ossified portion. Under the magnifiers the ossific structure presents a most beautiful specimen of bone, presenting perfect lacunæ, and occasional large openings which, perhaps, transmitted the choroidal vessels. A piece of the copper-cap, of the size of half a pin's head, was found imbedded in what was, originally, the lens, but which had become so mixed up with, and so adherent to, the posterior surface of the cornea as to be inseparable from it. The aqueous chamber was, of course, entirely obliterated, and the cornea opaque. The wasted retina was found in threads, the optic papilla atrophied, and the optic nerve soft and shrunken.

Ossification of the choroid seems to be an infrequent pathological condition. I so infer from the scarcity of cases reported through the current literature of the eye, as well as the small space allotted to its consideration in works specially devoted to this department of medicine. It has happened in my experience to meet but one case of this kind.

That this was a case of true ossification *within* the stroma of the choroid there can, I think, be no doubt, as nothing was left but a mere trace of the pigment from the optic nerve entrance to the ciliary processes.

Clinical Reports.

CLINICAL CASES IN MEDICAL WARDS OF MERCY HOSPITAL.

Clinic by PROF. DAVIS. From Notes by S.

MERCY HOSPITAL, *February, 1871.*

CASE 1—CHRONIC ARMY DIARRHŒA.—This patient was in the army, in active service, and endured great hardships. In 1863 he contracted a chronic diarrhœa, which has persisted in spite of every method of treatment which has been tried up to the present time. He is now much emaciated; skin dry and

harsh; circulation languid and feeble; tongue pale, but clean and moist; breathing slow and regular. On his admission to the Hospital, the passages from the bowels were copious, but thin, white and frothy, like soapsuds, occurring without pain, and containing no mucus. The urine was abundant, clear, and natural.

While he was living upon an ordinary mixed diet, the bowels would move five or six times a-day, at certain intervals, followed by periods of quiet.

The pathology of these cases is involved in some degree of obscurity. The cases, as they have come under my observation, are capable of arrangement into two classes. One in which the discharges are reddish brown, with some mucus intermixed, some tenderness of abdomen, quick pulse, and dryness and redness of tongue, with feverishness, especially in the afternoon. The *post mortem* examination in these generally shows hypertrophy and ulceration of the glandular structures in the small intestines and colon. The second class of cases is fairly represented by the case now before the class.

The only alterations detected on *post mortem* examinations have been attenuation and atrophy of the mucous membrane of the intestines and atrophy of the liver. This condition is probably the result of the morbid nervous sensibility which causes a perversion of the natural function of the mucous membrane of the intestine, so that instead of imbibition there is constant exudation.

The serous fluid which escapes in this way, together with undigested portions of the food, constitute the discharges.

TREATMENT.—The bowels could be held in check for a certain length of time by astringents, but they would produce so much bloating and discomfort that the patient would be clamorous for physic in less than twenty-four hours, and at length there would be poured out a copious, profuse evacuation, equal in amount to the several discharges which would have occurred had astringents not been given. Our object should be first to restrict the diet, as far as possible, to those articles which can be digested and absorbed by the stomach and duodenum

without leaving any residue to pass through the bowels; secondly, by the use of proper remedies, to overcome, if possible, the morbid and perverted sensibility of the intestinal mucous membrane. For nourishment this patient had been furnished with milk-porridge, in moderate quantity, often enough to afford good support to the system, the quantity to be increased as fast as he is able to appropriate it. At present he is taking about three pints in the twenty-four hours.

For medicine, the ordinary turpentine and laudanum emulsion was ordered to be given, once in six hours at first, and afterward increased to once in four hours. The following prescription—

R Bromine,-----xv gtts.
 Bromide potass.,-----℥iii.
 Aqua dist.,-----℥iiii.

was also directed to be given, in teaspoonful doses, four times a-day. The bromine will, usually in the course of three or four days, change the color of the passages to a bright yellow.

It is useless to attempt to stimulate the liver. There is a suspension of secretion from atrophy, and alteratives administered for the purpose of acting upon this organ would only add to the prostration.

CASE 2—CHRONIC RHEUMATISM.—A. D., female, aged 18; Irish parentage; has been afflicted with rheumatism for about three years. She was admitted into the Hospital in the early part of last summer, and while here has been under a variety of treatment. The case presents some features different from those which characterize ordinary rheumatism, although there is the characteristic style of inflammation traveling from one part to another, and creating more or less swelling and pain in the parts, with a failure to suppurate.

A joint that is attacked becomes swollen, and the ligaments seem flabby and wanting in natural tone and elasticity, so that free movement of the part is interfered with. There is a progressive, persistent atrophy of the muscular tissue and impoverishment of the blood. There is a laxity and want of tone in

the capillaries which disposes to effusion, so that but little additional influence is required to make exosmosis predominate. The patient is greatly emaciated, and presents a bloodless appearance of the surface, which would indicate an almost entire loss of the power to manufacture red corpuscles. There are, however, no apparent indications of tuberculous disease.

The patient suffers a good deal of pain at times, which is acute and severe. Several weeks ago she had an attack, commencing at first in the right hip and limb, which was greatly swollen and almost entirely helpless, while she could use the other quite freely; the pain then shifting to the left hip and knee. Aggravations of pain and heat in the part is followed by increased swelling, which will finally subside to a given point. The effusion is not organizable like that which occurs in ordinary rheumatism, but remains fluid.

TREATMENT.—Almost every alkaline remedy that has been tried has seemed rather to aggravate the symptoms, a result which might be expected from their tendency to render fibrin and albumen more soluble, thus increasing the fluidity of the blood, which is already too thin. The indications are, on the contrary, to increase the plasticity of the blood by invigorating the digestive and assimilative functions. After trying various remedies, the most beneficial effects seem to have been obtained from the administration of the alkaline tint. of guaiac, one teaspoonful four times a day, fifteen drops tr. stramonium being added to each dose to allay the irritability of the tissues; a powder, consisting of bismuth subnit. grs. vi, ferri. sub. carb. grs. iv, lupuline grs. ii, was directed to be given before each meal in order to impart tone to the digestive system. In about two weeks the guaiac was diminished to twice a-day, and the iron withdrawn, as she thought it produced headache. At the same time she was put upon a solution of potass. bitart. $\mathfrak{z}$ iii, morphia grs. ii, dissolved in a tumbler full of water, a tablespoonful to be given every three or four hours. At this time she could use her limbs quite freely, and seemed to be progressing finely. Just as our hopes were up to par, however, the inflammation

moved over to the other side, and she has continued to suffer a great deal with it since, although now again on the mend. The condition of the system is such as presents no apparent recuperative tendency.

It might be an improvement in the treatment now to change the preparation of guaiac and try the effect of the following combination:

R_x Pulv. gum guaiac,-----5iss.
 Citrate of iron,-----3i.
 Ext. cannabis ind.,-----10 grs.

Mix; divide into 30 pills; give one pill before each meal and at bedtime.

Would continue the use of the bitart. potass. and morphia as long as they produce a good effect on the kidneys and the appetite remains fair.

Electricity might be useful, but any more than a very moderate use of this agent is apt to act as an excitant, and to increase the pain.

CASE 3—ANEMIA AND ANASARCA.—Admitted Sunday, the 12th inst., presenting the following conditions: A bloodless hue of the surface; lips pale, and considerable degree of œdema in the extremities, and general weakness. From the fact that this condition had remained for several weeks without improvement, and the secretion of urine being diminished, albuminuria was suggested. The urine was tested by heat and nitric acid, but no trace of albumen was developed, which would indicate that there was no granular disease of the kidneys.

The patient also complained of a tightness across the chest, and some cough, but was not examined for pulmonary or cardiac disease at the time.

On auscultation we find in each full inspiration coarse, rough, bronchial sounds; over the cardiac region we can distinguish no valvular roughness or murmur, but the sounds are short, quick, and distant. The systole is shorter than natural, yet distinct and clearly perceived; apex impulse absent.

On percussion, no marked dulness on either side till we reach the cardiac space on the left side. Here dulness begins pretty high up and extends to the bottom of the chest, and over the region of the spleen there is nearly double the normal extent of dulness. The intercostal spaces are well filled out and both hypochondriac regions full. There is probably some pericardial effusion, but we may attribute most of the enlargement on this side to the spleen. On the right side, also, there is dulness over a little greater than the normal vertical depth, showing that there is probably moderate enlargement of the liver.

A combination of causes has apparently contributed to the development of a degree of fatty degeneration in the liver, and spleen, and there may also be, to some extent, the same change in the structure of the heart, a slow change in the nutrition of these organs diminishing their ability to contribute their proper influence in the process of assimilation, which would account for his gradually assuming this anemic condition.

There is not that degree of enlargement in the parts referred to which would produce effusion from obstruction to the portal circulation, in which case abdominal dropsy would precede general œdema.

The bronchial sounds are a part of an old, simple bronchial irritation which many persons are subject to during the cold season, but which involves no structural change, and is a minor matter.

On admission, observing the quick, agitated movements of the heart, oppression in the chest, and scanty urine, he was directed to have a combination of digitalis and scutellaria, as follows: Fl. ext. scutellaria ʒiij, tinct. digitalis ʒi.—M. One teaspoonful of this to be given four times a-day, to increase the amount of urine, and give steadiness and force to the heart's action. I would advise a continuation of the same, but for a further influence on the assimilative function, he should have, in addition, some tonic and alterative. A good addition would be bismuth 6 grs., lupuline 2 grs., sub-carb. of iron 4 grs.—M., to be taken half an hour after each meal. He should have a simple, easily assimilated diet. This case, in many of its features, resembles those described as leucocythæmia.

Correspondence.

PROF. DAVIS,—DEAR SIR,—Knoxville and vicinity has been very free from severe disease during the last ten months, and surgical cases comparatively rare.

Fevers occasionally occur, of a simple ephemeral character, attended with violent headache, pain in the back and limbs, with nausea. There is generally constipation, very red, scanty urine, and a hot, dry skin, tongue loaded with a white fur. The administration of mercurials, followed by saline cathartics, generally control the disease in less than five days.

Antiperiodics are seldom called for, and cinchona and its preparations are merely required as general tonics. A case of simple intermittent is never seen, unless imported from the South or West.

I have had during the last four weeks a case of continued fever, in which there was a stage of incubation lasting nearly a week. When I was called, the patient, a white boy four years old, complained of a pain in the head and stomach, and loss of appetite. There was moderate looseness of the bowels, but no diarrhœa; sweating at night during sleep, but no coldness of the extremities. There was also slight wildness on first awakening, and disposition to cry out from fear.

With all the above morbid appearances, the tongue was nearly natural in appearance, having no coat, and but slightly reddened. The papillæ were not at all elevated, nor could any sordes be discovered in or about the mouth.

There were exacerbations noticeable on each alternate night, but not severe, and, with that exception, the febrile reaction continued very uniform throughout, until the fourteenth day, when the little fellow commenced improving rapidly. On the sixteenth day he was dressed and walking about the house. About the tenth day there was slight increased action of the bowels, but it was checked by a single dose of subnitrate of bismuth. The treatment consisted in small doses of Dover's pow-

der, and $\frac{1}{2}$ gr. sul. quin. every four hours, alternated with a teaspoonful of the following mixture:

R $\bar{y}$. Brom. Potassii,-----	℥j.
Spts. Ether Comp.,-----	5i.
Tr. Sang. Canad,-----	5ij.
Tr. Cinchonæ,-----	3v.
Syrupi Simp.,-----	3j.

Diet of beef-tea and milk.

Such cases are comparatively so rare here that I have considered this exceptional.

In observing the effects of bromide of potassium, I have noticed two cases in which the pulse went down to 50 in a minute under its use. One was that of a young man, who, from overwork as salesman in a wholesale store, induced a fever, attended with hepatic engorgement, and slight congestion in the right lung.

After febrile excitement had subsided, insomnolence intervened, with slight delirium towards morning. To obviate this, I ordered bromide potassii, in 15 gr. doses, every four hours, commencing at 6 P.M. Instead of inducing sleep, the pulse lessened, with an aggravation of the hallucination. A few doses of spts. ether comp. brought up the pulse and quieted excitement.

The other case was that of a young man belonging to a minstrel troupe travelling with Col. Ames' circus. He had been exposed to wet and fatigue in crossing the hilly regions from Kentucky to East Tennessee.

Extremely nervous temperament, besides a sufferer from tertiary syphilis, as shown by cicatrices in the cervical region, and his history, as given by himself.

He was complaining when I saw him first, of lancinating pains through both knees, and extending downward in front part of the legs. Full doses of morphine failing to relieve the the first night, I gave him 15 or 20 grs. bromide potassii for three or four times, when he became frantic, and I was called about midnight. Found his pulse less than 50, and the pain increased. Gave Hoffman's anodyne, with brandy, and commenced quinine in 5 grain doses, to be given during the day

with iod. potassii, 8 grs.

There was no return of the periosteal pain, and he was soon able to be about.

In asthenic cases, where the bromide is used, I combine ether, camphor, or other diffusable stimulant.

January 20th I was called to treat a colored child 25 days old, laboring under epileptic convulsions. After giving small doses of calomel to act upon the bowels, commenced with bromide potassii and bromide ammonia, each one grain every four hours, alternated with quinine and pulv. Dover.

In a day or two the fits stopped, and did not return for more than a week. I then commenced giving 2 grs. chloral every four hours in syrup, which almost immediately stopped a recurrence of the convulsions. For two days there have been but slight indications of a return.

Any agent which will control the epilepsy of new born infants, so common among the blacks, will prove a boon.

The weather during the holidays was unusually cold, as the mercury sank to zero, which has not occurred more than four times before for fifty years.

Snow fell at one time to the depth of three inches, and ice formed six inches in thickness.

Since the 1st instant it has not been cold enough to freeze water, and, when the sun is not obscured by clouds, it is warm and springlike. A few cases of scarlatina have occurred, but of a mild type, and no deaths.

In families where children have been affected, adults have been attacked with a sore throat, and febrile reaction would be severe for some days.

Suppurative tonsilitis has been quite prevalent, and an unusual number of people are suffering from boils about the neck.

The anginose symptoms are seldom seen in children, but the eruption very fully developed. The desquamation is delayed somewhat, and in some cases hardly occurs. No treatment but good care and palliation is required.

The East Tennessee Medical Society was reorganized, or, rather renewed on the 2d instant.

There are about twenty regular physicians in Knoxville, most of them will become active members. The last meeting was held in October, 1860. The Society will hold monthly meetings for the discussion of medical subjects, and the reporting of cases. Embracing a section of country composed of thirty counties it should be a channel of communication for a great number of medical men.

In closing this communication I desire to say a few words in regard to this section of country as a health resort. Much inquiry of late is made upon this subject, and many persons come every autumn to Knoxville and other points in this valley to spend the winter. To sufferers from asthma it may be said that no doubt exists as to the advantages possessed here. People from Maine to Ohio have been materially benefitted by a residence of one or two years.

A gentleman from Maine came here two years ago so much affected with asthma that he could not climb a flight of stairs without causing distressing dyspnœa, who now is engaged in active mercantile business, and feels very much better than when he came.

A lady who came from Ohio in 1866, has been so much relieved from asthma, which commenced in childhood, that she does not have a paroxysm once in six months.

On returning to Ohio last fall to visit her friends, she states that the symptoms began to be felt as soon as she reached her old home, and that before she had been at her father's ten days the demon returned with all its former violence. On returning she declared she would never go back again, for the annoyance was too great to suffer while she ought to be enjoying the society of friends.

To sufferers from malarial diseases, in whatever region of our common country they may reside, it may be said with certainty, that this equable mountain air will prove a cure. Of this I speak with assurance, from its influence upon my own health, and others can assert the same.

CHICAGO, *February 15, 1871.*

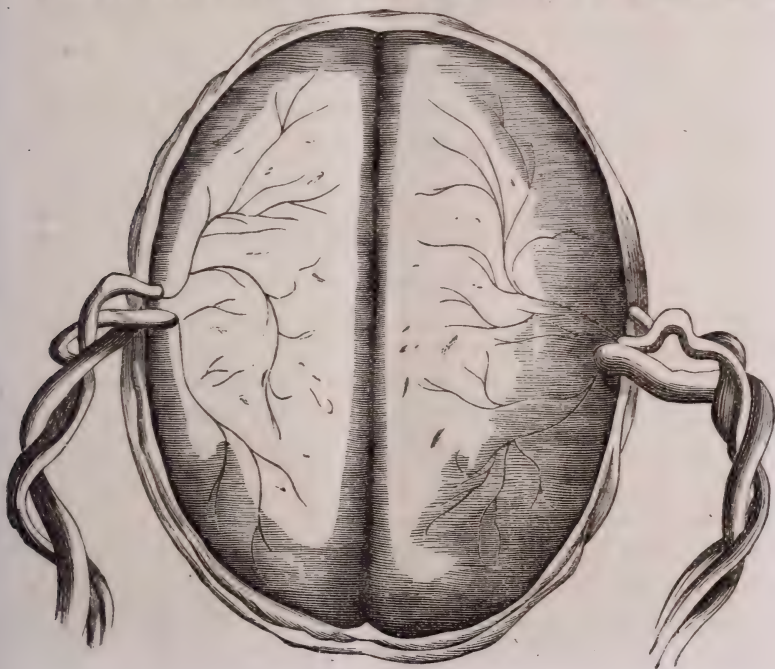
DR. N. S. DAVIS,—DEAR SIR,—The following case, from its rarity, may be of some interest to your readers, and merit a place in *THE EXAMINER*:

On Sunday, the 12th of February, I was called about four o'clock P.M., to attend Mrs. R. in her fifth confinement; it was premature, as I had been engaged for the 15th of April. Her previous labors had all been very rapid and easy. She was taken in labor about 12 o'clock, M., and when I arrived I found her pains frequent and quite severe, though she was sitting up. At the first examination, found the vagina relaxed and moist, but could not reach the os uteri. She was unusually restless and irritable, and soon insisted on getting out of bed, but had been on her feet only a few moments, when she exclaimed that the child was coming, and on examining found the bag of waters projecting from the vulva. Laying her down, two more pains ruptured the membranes, when the uterine contractions became much lighter, and continued so for half an hour. When they returned, I examined again, and felt a soft body lying in the vagina, which gave the sensation to the touch of a firm tumor, and which made me apprehend that there might be one of a polypoid nature. The pains continuing very ineffective, and her nervous system becoming much excited, I gave her a solution of morphine, and left her. About 2 o'clock, A.M., I was again called, and found labor had returned actively, and *another* bag of waters protruding, as before. I then knew, as I had before suspected, that there were twins. I now felt the face of a child presenting, with the occiput towards the sacrum, but without much difficulty, (by depressing the chin towards the chest), the head entered the lower strait. As it passed through the vagina, I found the cord around the neck, which I slipped over the shoulders, and the child was soon born. It proved to be a seven month foetus, but was alive and cried strongly. The umbilical cord pulsating with unusual force, I allowed the child to remain attached to it, at least ten minutes before removing it; and did not remove it until respiration was perfect. Making

gentle traction on the cord, and finding it unyielding, and the patient having no pain, I desisted from interference, until the return of the pains in about half an hour, when, with slight assistance, I brought the placenta away entire; but found that I could not detach it, and upon examination perceived the other cord was attached to it. I enclosed it in a towel and let it remain, her pains again subsiding.

Having now full knowledge of the case, and knowing that unless there was a very speedy delivery, the other child must perish, I tried, by manipulating the abdomen, to induce a return of the uterine contractions, and, after a time, succeeded.

The second child presented the head in the second position, the vertex towards the symphysis pubis, preceeded by the arm. With considerable difficulty I returned the arm by rotating it over the head and face, when delivery was soon accomplished. The cord was, with this child, around the neck and abdomen. The child was dead. The first was born at 4 o'clock, the sec-



ond at 5 o'clock, A.M. On examining the placenta, I found it about the size of an ordinary placenta at full term; with a sulcus in its long diameter (it was somewhat oblong), and presenting on its foetal surface two hemispheres, bearing considerable resemblance to those of the brain. At right angles to the sulcus, and at the edge of the placenta, one cord was inserted on either side. A very good representation of foetal face of the placenta is presented on the preceding page.

The double set of membranes, with the single placenta, with the unusual places of insertion of the cords, form a singular departure from ordinary cases, and is, I suppose, a modification of the Battledore placenta. The bloodvessels from the two cords anastomosed in the placenta, which is also an unusual circumstance. In a practice of thirty years I have never seen a similar case; and as these anomalies rarely occur, they should, I think, be recorded, as being at least interesting, if serving no practical purpose. I may observe, in conclusion, that the mother is 23 years of age, has been married seven years, has had six children, and is doing well.

Very respectfully,

D. B. TRIMBLE.

Selections.

INFLUENCE OF DIET ON THE COMPOSITION OF BONE.—M. Papillon has communicated to the French Academy some experiments made on pigeons and rats. These animals were fed daily for months with food containing small quantities of the phosphates of strontia, of magnesia, and alumina. No visible effect was produced in their health. On analysis of the bones these substances were found in them. If these substances can be made to enter into the composition of bones by an appropriate diet, there seems some grounds for hoping that we may be able to modify animal tissues by means of medicine, and this is a subject well worthy of further experimentation.—*American Journal of Medical Sciences.*

HEMIPHLEGIA FROM CEREBRAL HEMORRHAGE IN CASES WHERE THERE IS VALVULAR DISEASE OF THE HEART.—The mere fact that hemiplegia has occurred in a person, even a young person, the subject of valvular disease of the heart, must not alone lead one to the diagnosis of embolism. The mode of onset is the important matter in the diagnosis of the nature of the lesion in all cases of hemiplegia. If we learn that the patient had been deeply insensible for many hours, or, more generally, if he had been for some time in the “apoplectic condition,” the diagnosis of cerebral hemorrhage is at least as likely as that of plugging, notwithstanding that there is valvular disease. The bleeding is from an aneurism of the middle cerebral artery, or from a branch of it. It is true that, as a rule, such aneurisms burst outside of the brain, and do not produce hemiplegia, but now and then they imitate, so to speak, ordinary cerebral hemorrhage, and break up the motor track. Dr. Hughlings Jackson’s observations confirm the opinion of Dr. John W. Ogle and Dr. Church as to the association of aneurisms of the larger cerebral arteries with vegetations on the heart’s valves. Dr. Hughlings Jackson thinks that the kind of defect of speech which sometimes accompanies hemiplegia is useful evidence as to the *pathological* nature of the lesion. *Loss* of speech—loss excepting the patient’s stock word or phrase—is in favor of hemorrhage. Still, plugging will produce complete and permanent loss of speech. If the patient recover, and if during the recovery he make frequent mistakes in words—the so-called loss of memory for words—articulating them clearly, Dr. Hughlings Jackson thinks the diagnosis of plugging more warrantable than that of clot.—*British Medical Journal*, Oct. 29, 1870.

EPIDEMIC OF CHOREA MINOR.—Dr. Roger, one of the most strenuous advocates of the relationship between rheumatism and chorea (see *Gaz. des Hop.*, 1870, Nos. 65, 66), relates a case of chorea combined with slight articular rheumatism and defect of mitral valve, in which the chronic movements were confined in great measure to the muscles of the right side, while it was on the left side that the rheumatic symptoms were chiefly observed. Dr. Steiner, (*Jhrb. f. Kinderheilk.* N. F., III, 1870) witnessed during the first two months of the year 1870, he tells us, a slight epidemic, nineteen cases, of chorea, the production of which could in no case be referred to imitation, inasmuch as no intercourse between the patients had taken

place. As the common cause of the disease, in all the cases, Dr. S. adduces the abnormal condition of the weather at the time the epidemic occurred; its general unusual severity, and the unusually sudden and frequently recurring changes in its temperature; in consequence of which any disorder under which children happened to labor, passed over into inflammation, the result, as Dr. S. supposes, of an irritation set up in the spine. In only five out of the nineteen cases was it possible to detect with certainty rheumatic symptoms—partly articular and partly endocardiac. The remaining fourteen cases, therefore, must be received as those of a rheumatic affection of the spinal meninges, unassociated with any rheumatic inflammation of the muscles of the joints, or of the heart.

In the treatment of the nineteen cases referred to, Dr. S. found the bromide of potassium to be without effect. Fowler's solution in combination with opium proved, as heretofore, particularly beneficial in its effects, whether in cases attended with great restlessness or with a state of entire quietude.—*Centralblatt f. d. Med. Wissenschaftn.*, July 9, 1870. D. F. C.

PATHOLOGY OF ANGINA PECTORIS.—MM. A. Eulenburg and P. Guttman discuss (*Archiv für Psychiatrie*, t. ii 1869) all the facts known and the theories advanced in regard to this affection, and they conclude that it is a neurosis both of motion and sensation. The symptoms to which it gives rise may be excited by causes of a different nature, even extraneous to the heart. All the cardiac nerves are probably more or less affected in this disease, and the variation in the phenomena observed in different individuals results doubtless from the more or less active part taken by the nerves which unite together in the cardiac plexus in the production of these phenomena. It is probable that the *great sympathetic* performs the most important part, inasmuch as it constitutes the larger portion of the cardiac plexus.—*Archives Generales*, Sept., 1870.

INFLUENCE OF DIGITALIS ON NUTRITION.—M. M. A. Megevan has reported (*Gazette, Hebdom*, 12 Aug. 1870) a number of experiments instituted with a view of ascertaining the influence of digitalis on nutrition. He concludes from these that digitaline, and especially digitalis, notably diminishes the urea, and this diminution he considers to be closely connected with the slowing of the pulse of which it is the corollary, and, further, that it explains the antiphlogistic effects of the drug.—*Ibid.*

CHLORAL IN MIDWIFERY.—Dr. Lambert, late House-Surgeon to the Edinburgh Maternity Hospital (*Edinburgh Medical Journal*), arrives at the subjoined conclusion, in regard to the administration of chloral in cases of labor:

Chloral is an agent of great value in relief of pain during parturition. It is demonstrated that a labor can be conducted from its commencement to its termination, without any consciousness on the part of the patient under the sole influence of chloral. The exhibition of chloral in nowise interferes with the exhibition of chloroform. The proper mode of administering chloral is in fractional doses of 15 grains every quarter of an hour until some effect is produced; and according to the nature of that effect, the further administration is to be regulated. Some patients will require doses of one drachm; and it is better to produce an anæsthetic effect by three drachms given in the space of two hours, than by one drachm given singly.

This agent rather promotes uterine contraction, by suspending all reflex actions which tend to counteract the incitability of the centres of organic motion.

Labors under chloral will probably be found to be of shorter duration than when natural. The general conditions under which chloral is to be administered are the same as those which regulate the administration of chloroform, and the rules laid down by the late Sir James Y. Simpson, M.D., in connection with this subject must be rigidly adhered to.

RAPID CURE OF BUBOES.—Dr. J. Grunfeld, assistant to Sigmond of Vienna, has had much success in extracting the pus by means of a hypodermic needle, India-rubber tube, and syringe. Where the cavity fills again, a second operation of the same kind should be undertaken; and when the pus is unhealthy, weak solutions, either of carbolic acid or chlorate of potash, should be injected, and pumped out again by the same syringe. Such patients as were so treated left the hospital much sooner than those whose buboes had been freely laid open.—*Lancet*, Nov. 12, 1870.

TREATMENT OF INFLAMED TESTICLE BY PUNCTURE.—At a late meeting of the Medical Society of London (*The Lancet*, Nov. 12, 1870), Mr. Henry Smith made some observations on the excellent results he had obtained from puncture as a means of giving relief to an inflamed testicle. The plan had served

him well in about 500 cases. The relief obtained was immediate and permanent, and he believed arose from division to a small extent of the tense and unyielding tunica albuginea. The small amount of blood lost had nothing to do with it.

Abridgments from our Exchanges.

RECOVERY FROM A SCALP WOUND.—Dr. R. C. Moore reports a case of a man who lost, by the scalping knife, all the tissues above the pericranium, and a part of this membrane, over a space of 9 by 7 inches. When presented for treatment, the remaining pericranium was dried to the bone; this was two days after the scalping. The only dressing applied was pure olive oil, on surgeon's lint. In about three weeks the external table of the skull began to esfoliate. As this process progressed, granulation sprung up from the diploe, and in there the entire surface presented the appearance of a healthy wound. The suppuration was not profuse, but the patient being naturally strong, bore it well, and in about three months from the time of injury, nearly the whole surface was covered with a cicatrix. *Medical and Surgical Reporter.*

PERMANGANATE OF POTASSA.—Prof. B. H. Rand tells us, in the *Medical Times*, that we are constantly laboring under a delusion when we use this drug. Next to chromic or chloro chromic acid, it is the most active oxidizing agent known; in contact with organic matters it is decomposed and becomes black oxide of manganese and caustic potassa, oxygen being given off. When it is administered internally, the dose is not usually over half a grain, and this is decomposed by two and one-half grains of organic matters. Then, considering the organic contents of the stomach, it must be impossible for any of the permanganate to ever enter the circulation, there to give up its oxygen. The caustic potassa and black oxide of manganese may do the patients good, but this is less probably than is supposed to be the case.

In surgical dressing it should not be applied to the bandages, or by a sponge, as it is at once decomposed by the organic matter of these materials, and the effect in disinfecting the wound, an office which it performs most admirably, is not secured.

The great facility with which organic matter decomposes this salt is shown by its change in impure water, a solution so weak that only a faint pink tinge is perceived losing its color on addition to water containing the slightest organic impurity.

PEN PICTURES OF CLASSIC MEN AND CLASSIC SCENES IN EUROPE.—We take the following extracts from an interesting article by Joseph Pancoast, M.D., in the *Richmond and Louisville Journal*, January, 1871:

"There are, as you are aware, but four great medical and surgical schools in the world—the French, German, British and American. In Spain, which I thoroughly visited, I met, it is true, with many accomplished gentlemen in our profession, who displayed, in my intercourse with them, the characteristic courtesy of that once great people. But in that country every scientific effort toward advancement in our profession is so entrained by the deplorable ignorance and bigotry which exist even among the rulers of society, that the Spanish school has not been able to attain any elevated rank, and is made up mainly of French doctrines at second hand.

The Italian school is immeasurably in advance of the Spanish, though sunk below the position it once occupied, when, in the days of Fabricius, Malpighi, Morgagni, and Scarpa, it was the anatomical and surgical teacher of the world. Not that Italy is now altogether devoid of prominent medical men; I have found able surgeons in Naples, Florence, and Bologna, and you are all familiar with the reputation of Pacchini, of Florence, the discoverer of those singular nervous bodies that bear his name, whom I found one of the most intelligent, warm hearted and interesting men that I ever had the happiness to meet.

As I walked through the ancient palatial seats of learning at Bologna and Padua, I could but mourn over their decline in reputation from those bright and palmy days of grandeur, when their halls were thronged with the most aspiring students from all parts of Europe. The escutcheons belonging to the name and race of the more distinguished still hang in great numbers upon the walls, among which I observed that of the celebrated Harvey, the discoverer of the circulation. He was a student of Padua, and gleaned from the teachings of Fabricius, of Aquapendente, an insight into the mysteries of the vascular system, which led to his discovery of the circulation, and made his name famous for all time.

This lecture-room of old Fabricius, the authorities have had the good taste to preserve unchanged down to the present time. What appearance, think you, it presents?—a spacious theatre, with cushioned seats, on which his audience could recline with ease? No, indeed. It is but a tall, narrow, circular chamber, much smaller than the old lecture-room of the Pennsylvania Hospital, like a punch-bowl in shape, with narrow galleries running around, in which the students could merely squeeze themselves in a standing posture, in order to observe the demonstrations of the great man below.

But there is hope yet for Italy. Her skies remain as fair, and her soil as fertile as ever, and a brighter sun shines in her political

horizon. There is yet hope for the Italian people, for they still honor their great names of the past. So I felt as I stood in the beautiful lecture-room of Bologna."

A visit to the clinic of Prof. Hebra, in Vienna, is thus described:

"We will go now with the small crowd that is hurrying to attend the world-renowned clinic of Prof. Hebra, the man who justly holds the highest place in the world's estimation for his skill in the diagnosis and treatment of the complicated and multifarious diseases of the skin, who has, in his career, treated more than 10,000 cases of smallpox and other cutaneous diseases in proportion, and given to the world pictorial representations of them that have never been equaled.

Punctual to the hour affixed for his private course, in rolls a short man, with a round and portly person, and features expressive of great sprightliness and intelligence; this is Prof. Hebra. He hangs up his hat on a peg, a fashion in which all follow him. His rostrum is a chair placed within on a slightly raised platform about twelve feet square. Upon this platform the patients are introduced, one by one, and passed along the inner side of the railing so as to exhibit their diseases to the students who are ranged round it without.

Most of the varieties of skin disease pass before him in the course of these lectures—syphilis, psoriasis, itch, lupus, prurigo, *et id genus omne*, are diagnosed with wonderful acumen, and judiciously treated. Your trust in his accuracy cannot be withheld. For in cases where the nature of the disease is ambiguous or mixed, and they are often so, he has the manliness to tell you that he must withhold his opinion for another day, or until he sees the proper grounds for a diagnosis.

The examination of each case is, however, thoroughly made. No vestments stand in the way, whatever the sex; there is at least no mock sentimentality on either side. Occasionally a man may enter 6 feet high, perhaps, step up upon the platform with military precision, and, dropping a loose gown from about him, make a formal profound obeisance in a state as naked as was Adam before he began tailoring with fig leaves.

Prof. Hebra believes in the unity of syphilis, as does his colleague Prof. Sigmund, and uses mercury and sulphur in its treatment as we do. But the mode of using mercury, especially in the secondary and tertiary forms, at present in vogue with both these gentlemen, is to inject under the skin, once daily, the tenth part of a grain of corrosive sublimate for an adult, and the thirtieth for a child. Small as this amount is, it does not do to exceed it, or it will excite nausea and vomiting. It is thrown in, in solution, with the hypodermic syringe, under the skin of the buttocks, at the lower point of the scapula, or over the insertion of the deltoid muscle. They will tell you, however, that the value of this process is yet under trial.

The plan is to continue the treatment for twenty separate injections, and then observe the results; if necessary, recommencing the injections again after a few days. Small as is the amount of sublimate thus introduced, it can after ten days be detected in the urine. And this is not strange; for the use of chemical tests is now brought to such a great degree of perfection that it is boldly asserted that the presence of a .020 part of a grain of quinia can be detected in the urine by the means of the spectrum and the passing of an electric current through the fluid, catching the quinia on a piece of gold leaf.

The well-known compound sulphur bath of Fleming, the Surgeon-in-Chief to the Belgian armies, is the one commonly used, especially in tertiary syphilis and psoriasis. It is applied, according to the case, from two to six hours, and if you look around, you will see at any time, almost, a dozen male patients floating around like so many seals in one common bath-tub. It is his treatment, too, for the itch, which he says he kills in half an hour, killing at once the insects and adding the strings of eggs which they lay along so nicely in little galleries beneath the skin. It says little for the cleanliness of the habits of the people of Vienna that this disgusting disease should be so common there. It is so often found, even among the higher classes, that Hebra will tell you he finds it convenient to use a popular preparation, charged with aromatics, that he calls his aristocratic itch ointment. Even the cats and dogs of Vienna, he says, suffer with the same disease, produced by the same insect. In bad cases of pemphigus, when the bullæ have given place to a delicate and imperfect cuticle, he lays his patients in a bath of perpetually flowing water, and when taken out, they are dressed in an India-rubber vest and pantaloons, and even the face covered with pieces of India-rubber cloth. Bad cases of hopeless burns are put into this perpetual bath, where they find themselves easier than elsewhere, and, as Hebra will tell you, die very comfortably. But it would be tedious to go into a description of this bath, with its inclined bed and its windlass arrangement, or of his famous tar bath, or of his habit of scrubbing the bodies of his patients over with the strongest kind of soap when the skin is insensitive and incapable of absorption. When there is much cutaneous sensitiveness, then the cocoa-nut oil soap is used. A friend in Vienna told me he was using, with excellent effect, this coconussen oil soda soap in the case of a Constantinopolitan *isherdudelsackpfeifer*—that is to say, he was using the cocoa-nut oil soda soap in the case of a Constantinople bagpipe player.

Some simple rules Hebra follows closely in getting at the differential diagnosis between syphilis and common psoriasis. He tells you that syphilitic eruptions never itch like psoriasis; that they come frequently in the bend of the arm and, in the ham, psoriasis never; and that syphilitic sores always produce a loss of tissue, and that others usually do not.

Prof. Sigmund exonerates our country from the supposed opprobrium of having originated the syphilitic poison. He says it is described in the Bible, as many had previously supposed, and showed me a pamphlet just published by a learned Jewish physician, in which it is said that Luther, out of commendable modesty, has purposely mistranslated the passage.

To Prof. Sigmund we are indebted for the knowledge of the important fact that the raw ulcerations on the side of the tongue, and called syphilitic psoriasis, are very contagious. From ignorance on this point, he has seen the most deplorable consequences follow, as many of us have done—the infected child poisoning the nurse at whose breast it sucks; the diseased nurse poisoning the child, by first chewing its food in her own mouth, and the most innocent and pure-minded have their systems infected simply by the kiss of a brother or other near relative.

But let us now shake off any infection that may attach to our garments in this place, and move on in another direction."

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"We pass, on our return, near the obstetrical department, under the care of Profs. Shote and Braun.

We will enter there. It contains 600 beds, and 10,000 births take place there yearly. The patients are taken in only during the last month of their pregnancy. Graduates who pay the private fee, and bribe the nurses, get cases in abundance, even those requiring the use of the forceps, and are able to secure patients in advance, by writing their names over the beds. Twenty placentas are lying on the table, the product of the preceding night.

The patients are carried into one room to be confined, and are transported back on a litter to another when the trouble is over.

No belly-bandage is put on ordinarily. If there is after-hæmorrhage, cold is applied to the abdomen, or cold water injections made into the vagina; if it prove very obstinate, then one or two drachms of the tincture of the sesquichloride of iron, diluted in a pint of water, is thrown into the uterus. If bleeding is still continued, then a belly-bandage is applied, a proceeding which I believe few judicious obstetricians in this country would so long delay. Every infant is swathed like a mummy, or an Indian pappoose, and so kept for months, bound up so tightly in bandages that they rock it by rolling it on the bed as they would rock a cradle. The attendants even seemed to have no idea that infants were differently treated in other parts of the world. There are no regular lectures here; nothing purely didactic in midwifery or any other branch. What the chance practice offers, they lecture on, either at the bedside, or by adjournment to the lecture-room adjoining, so that if during the course there were five cases of placenta prævia, there would be five lectures on it. If no case, no lectures on the subject. This is one of the great faults of the institution.

There is a great chattering now in the lecture-room, as if a big school had broken loose.

Look in there. You will see sixty or seventy women, all students of this branch, between the ages of 20 and 35; some sitting, some half-reclining on the seats, some perched on the backs of the benches. They are waiting for the professor who lectures to them to-day. They come from all parts of the wide Austrian empire, stay about two months, are instructed free of expense, have regular practice in the wards, and are sent back home again, to attend, after a fashion, at the advent of the future subjects of his imperial majesty.

The mother, after the birth of the child, remains in the institution only nine days, in case all goes well, and makes her exit, leaving her babe behind her.

Would you like to know what becomes of these little innocents? Thereby hangs a lamentable story. The child, if strong, is sent at once out into the country to nurse: poor women taking five or six at a time for a mere pittance, and bringing them up as they best can. One-half die during the first year. A register is kept. The name of the mother and the date of her entry are entered there, and a piece of tape with the number of the birth on that year marked on it with indelible ink is sewed round the left wrist of the child. This is kept carefully on the wrist until the child is 6 years old, up to which period the mother may reclaim it. The name of the nurse is also registered, and, as she never lives more than a few miles distant, the mother can call and inquire after the infant. If the child is maltreated in any way, it is recalled and another nurse substituted.

I was witness to a scene where an infant, bearing on its arm the No. 2478, had been brought back because the nurse had beaten it, and the mother, a decently-clad woman, had come to see it. She mourned over it like another Rachel, refusing to be comforted, calling it her little angel, and many other endearing epithets, which I could hardly make out between her sobs and sighs, and her broken language.

Many of the young infants are too delicate to be sent at once into the country. They are transferred to the foundling hospital across the street, and such of the young mothers as are capable of nursing two children, are placed over there for three months, in order to take them under their charge. Admirable order is preserved in this institution, but it presents a miserable spectacle.

The selfish instincts of poor human nature would always lead the mother to foster more kindly her own offspring than the little stranger she was constrained at the same time to hold to her breast. I could often distinguish the wan, often sightless face of the one, from the plump, rosy cheek of the other, and would win a smile from the young, earnest face of the mother by saying, 'this is your own.' The number of children constantly connected with this in-

stitution is 20,000. Many die; few are reclaimed. At the ages of six or seven they are bound out to service, and, if boys, usually find their destination in the army.

But enough of such a subject. Let us pass on to Berlin, and see that distinguished pathologist, enlightened statesman, and amiable gentleman, whose name is familiar to you all. His genius is of so versatile a nature that often on the same day he will give a lecture on some obtruse point in pathology, and a flowing oration from his place in the chamber of representatives.

I had the pleasure of listening to the first two lectures of his course, which are called his railroad lectures. The room he occupies was built expressly for him; it is about fifty feet square. The floor and seats are on a level, and the tables so arranged in zigzag lines that a little railroad track, with turn-tables at the corners, is continuous round the room. On this track nine microscopes were mounted on wheels, and made to pass around the room by being pushed on from student to student, as each one examined the object displayed.

The Professor, of middle age, medium height, and prepossessing appearance, stood in one corner of the room, with a blackboard and towel hanging behind him. Five students were in another corner arranging the microscopes. Before these were put in motion, pathological preparations on dishes were passed around the tables, under the noses of the students. The Professor would describe one specimen, and set it agoing, then take up another. Thus four or five would be put in motion successively, and be making at the same time the circuit of the room. It was evident that the students had great difficulty to connect the descriptions they had heard with the right preparations. The same difficulty, too, must attend the use of the microscopes.

At the second lecture the main scenic effect consisted in the arrangement on a large table of a dozen wooden platters filled with pathological specimens. In one there was the skullcap and brain of a man who had died from a blow on the head which had produced suppuration between the membranes. The spleen and the liver on another, showing the commencement of metastatic abscesses. Here a portion of a pelvis showing the early stage of inflammation in the hip joint. On another plate were the lungs and heart. The great and small intestines were displayed on another, the latter riddled out and split open, and laid in longitudinal rows like the ruffles on a shirt. And again, we had other plates containing the bladder, and kidneys and diseased mesenteric glands.

The object of the second lecture was to show the effects of inflammation on the different tissues according to Virchow's peculiar theory.

As Schwann showed all living bodies to consist of a series of cells, and all the normal acts of life to consist of cell-actions, so Virchow

reduces all morbid processes to merely morbid cell-action; the effused lymph or plasma itself which occurs in inflammation consisting of substances that form cells.

The preparations on the table were briefly described, with the bowels and the diseased mesenteric glands. These were made the subject of a lecture for three-quarters of an hour, in which he used freely and neatly the blackboard. The object of the lecturer was to contrast the pathological differences between exanthematous and abdominal typhus.

The lecturer was not in this place oratorical, and there was good taste in that. He held his head down somewhat, hesitated often, seemed much communing with himself, stood now with one hand in his trousers pocket, now with two, varying the position occasionally by putting them in his coat pockets behind his back; but he was learned in his subject, and clear, and occasionally rose into animation. He is surely a man of distinction, and every way worthy of the high reputation he has achieved. I would that I had time here, which I have not, to give you his views more in detail.

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Of the surgeons of Great Britain, with whose opinions in our common language you must needs be more familiar, it is not necessary that I should here say much, even were longer time allowed me. I shall confine myself, in this brief notice, to the two more novel points in surgical practice there, the value of which cannot as yet be considered settled. I allude to the use of acupressure after the manner of Sir James Y. Simpson, and the carbolic acid antiseptic treatment, which Prof. Lister, of Glasgow, now of Edinburgh, following some of the French surgeons, is most thoroughly investigating.

Acupressure is no new subject in this city. I myself introduced its use some years ago into this clinic and in my service at the Pennsylvania Hospital, and its practical value has since been more fully observed by the present distinguished surgeons of that and other institutions in this city. Its object is, as you know, to secure the bleeding vessels without killing a piece of flesh with the ligature, and leaving that as a dead part in the wound, to provoke suppuration and endanger pyæmia. The practice of acupression, I observed, was growing into favor in many parts of the Continent, and even Prof. Syme, of Edinburgh, who has always opposed the method, pays a silent tribute to it, by substituting for the ligature the old-fashioned method of twisting the arteries, even vessels of the size of the radial and ulnar after the manner of Amussat. Professors Pirrie and Keith, of Aberdeen, have done most in perfecting this process, and find a wire loop, with a quarter twist of the wire on the needle, sufficient even for the larger arteries. It is impossible to say how far as yet we can extend beneficially the use of the method of acupressure. It is now used in a very simple way, to

make pressure on the trunk of a vessel, in order to arrest the bleeding from some of its distant branches. And I think it quite possible it may yet be found reliable in the treatment of some forms of aneurism. Surely we must all admit that we owe a great debt to that distinguished obstetrician and good man, Prof. Simpson, for its introduction.

The antiseptic treatment, by the use in various ways of carbolic acid, is considered by the distinguished Prof. Syme as marking a new era in surgical treatment. But its value is by no manner of means generally established. Prof. Lister, the son-in-law of Mr. Syme, is its greatest advocate. The theoretic grounds upon which the doctrine is erected, are these: That there are septic germs floating everywhere in the atmosphere, to be found even in the dust that accumulates on the end of the finger, and which, if they come in contact with the surface of a wound, are one of the chief causes that excite to suppuration. The carbolic acid kills these germs, so that if the surface of the wound is covered with this acid, diluted with water or oil, or mixed in a plaster, so as to completely exclude the air, there ought to be little or no suppuration. That there is great advantage to be obtained from the use of carbolic acid in this way, and in preventing suppuration after compound fractures, I have no manner of doubt, and Prof. Lister showed me many cases where, after serious operations, there had been no suppuration whatever, or but very little. Indeed, in a little work by the late Prof. John K. Mitchell, of Jefferson Medical College, you will find a sort of outline of these same doctrines in his cryptogamous theory of the production of disease from atmospheric germs. The cool and fine climate of Scotland, and the airiness of their hospital wards in general, must have much to do in the healing of wounds without suppuration. It is no uncommon thing either in this city, as many of us can attest. In Aberdeen Prof. Pirrie showed me cases where there had been similar good results without the use of carbolic acid, which he attributed to the use of acupression and their bracing climate. And among the cases he showed me were amputations of the breast, leg, and upper jaw.

ARTIFICIAL FECUNDATION.—Dr. Girault, of Paris, has made 27 attempts at impregnating women in whom conception in the natural way was impossible, by injecting into the uterus, at the proper time, some of the husband's semen. Ten of the cases resulted in conception, and others would, he thinks, had the parties persisted in their efforts and allowed him to continue his endeavors.

A uterine catheter is the only instrument he uses. He places the sperm within this, inserts its point into the uterine canal, and blows the fluid into the womb cavity.—*Medical and Surgical Reporter.*

Book Notices.

Spermatorrhœa: Its Causes, Symptoms, Results, and Treatment. By Roberts Bartholow, A.M., M.D. William Wood & Co., Publishers, New York; for sale by W. B. Keen & Cooke, Chicago.

This little work is too well-known to the profession to require any extended notice. In this third edition the material has been rearranged, and in large part rewritten, and an appendix of formulæ added.

On Diseases of the Spine and of the Nerves. By Charles B. Radcliffe, M.D., F.R.C.P., London; John N. Radcliffe, J. W. Begbie, M.D., F.R.C.P., Edinburgh; Francis E. Ainstee, M.D., F.R.C.P. and Jno. R. Reynolds, M.D., F.R.S. Henry C. Lea, Publisher, Philadelphia; for sale by Cobb, Prichard & Co., 81-3 Lake Street, Chicago.

This is a small volume of 196 pages, comprising a series of essays extracted from the "System of Medicine," edited by J. Russell Reynolds, M.D., on a group of diseases of great interest, and many of them of frequent occurrence.

The subjects treated of comprise Meningitis, Myelitis, Spinal Congestion, Tetanus, Spinal irritation, General Spinal Paralysis, Hysterical Paraplegia, Reflex Paraplegia, Infantile Paralysis, Spinal Hemorrhage, Induration of the Spinal Cord, Atrophy and Hypertrophy of the Spinal Cord, Tumor of the Spinal Cord, Concussion of the Spine, Compression of the Cord, Caries of the Vertebral Column, Spina Bifida, Epidemic Cerebro-Spinal Meningitis, Neuritis and Neuroma, Neuralgia, Local Paralysis from Nerve Disease, Local Spasms, Torticollis, and Local Anæsthesia. The book presents the latest advances in the knowledge of these several subjects.

First Medical and Surgical Report of the Boston City Hospital; edited by J. Nelson Borland, M.D. and David W. Cheever,

M.D. Boston: Little, Brown & Co.; for sale by S. C. Griggs & Co., Chicago.

This is a large volume of 688 pages, comprising an introductory history and description of the City Hospital, and a number of valuable articles by the different members of the Hospital Staff. These articles are illustrated by ten fine lithographic plates and two photographs. The following is the table of contents: History and Description of the Hospital; Perinephritic Abscess, by Henry I. Bowditch, M.D.; Excisions of Joints, by David W. Cheever, M.D.; Cases of Pneumonia, by J. Nelson Borland, M.D.; Displacement of the Upper Jaw, by David W. Cheever, M.D.; Treatment of Acute Rheumatism, by John G. Blake, M.D.; Treatment of Skin Diseases, by Howard F. Daman, M.D.; Typhoid and Typhus Fevers, by J. B. Upham, M.D.; Reproduction of the Tibia, by David W. Cheever, M.D.; Ophthalmic Reports, by Henry W. Williams, M.D.; Aural Reports, by J. O. Green, M.D.; Encepholoid Tumor of Tonsil; Occlusion of the Vagina, by David W. Cheever, M.D.; Peri-Uterine Inflammation, by Alex. D. Sinclair, M.D.; Surgical Abstract, by D. W. Cheever, M.D.; General Medical and Surgical Tables. The publication of permanent, well-considered reports from the medical and surgical staff of some of the best hospitals in this country, has been commenced within the last few years, and marks an important era in our medical literature.

We hope these reports will receive sufficient patronage to make the practice permanent and universal.

Editorial.

MEDICAL SOCIETY OF DISTRICT OF COLUMBIA.—This Society, at its annual meeting, elected Dr. J. M. Toner President.

Dr. Toner is one of the most meritorious men in the profession. Industrious, scholarly, dignified, and blessed with a large amount of practical good sense, he will do honor to the position in which he is placed. His inaugural address was filled with

interesting statistics in relation to the past history of the Society and the present condition of the profession in the District.

ERRORS.—Dr. McElroy, of Zanesville, Ohio, writes to us a letter, pointing out the formidable list of *eighteen* typographical errors in his article published in the December number of the EXAMINER. A careful examination of the original manuscript in the hands of the printers shows, that six of the errors claimed exist in the manuscript; nine others are so slight as not materially to alter the meaning of the writer; and the remaining three are as follows: Page 736, 29th line from the top, for *anterior* read *exterior*; page 741, 16th line from the top, for *Deilrieck* read *Liebriech*; page 741, 26th line from the top, for *anagonlistic* read *antagonized*.

GOOD APPOINTMENT.—We see that our friend and former pupil, H. C. Snitcher, M.D., of Wilmington, Delaware, has been appointed to a chair in one of the educational institutions of that city, and is now lecturing on Physiology and Hygiene.

CHLOROFORM DEATHS.—In the January number of the Cincinnati *Lancet and Observer* is a valuable article on deaths from chloroform, by Dr. Dawson, of that city. The writer quotes a table of 208,893 cases of anæsthesia, by different anæsthetics, with the ratio of deaths from each; and says he found it in the "Eclectic Department" of the Louisville and Richmond *Medical Journal*, without the name of the author or the source from which it originally came. We would inform Dr. Dawson, and all others, that the article from which he quotes, in the Louisville and Richmond *Medical Journal*, was taken from the CHICAGO MEDICAL EXAMINER, and was written by Edmund Andrews, M.D., Professor of Surgery in the Chicago Medical College. The omission of the Louisville *Journal* to give proper credit was, doubtless, an oversight, but it was rather singular that the name of the author should also be omitted.

COLLEGE COMMENCEMENT EXERCISES.—The public exercises accompanying the conferring of degrees and the Annual Meeting of the Alumni, at Rush Medical College, took place on the first day of February, and was an occasion of interest and enjoyment to the friends of the school. We notice that the number of graduates was considerably less than for several years past.

We noticed in the proceedings another item which may have significance in connection with the fact just stated.

One of the members of the Faculty, during some part of the proceedings, distinctly advocated placing the College on such a basis that the "Lecture fees" could be abolished, and medical instruction made free. Let those who think the *dignity* of the profession depends upon the amount of college fees exacted of the students, note the signs of the *times*.

CHICAGO WOMAN'S HOSPITAL MEDICAL COLLEGE.—This new institution held its First Annual Commencement in the afternoon of the 23d of February, when the degree of doctor of medicine was conferred on three females who had complied with all the conditions usually required of medical students.

CHICAGO MEDICAL COLLEGE—MEDICAL DEPARTMENT N. W. UNIVERSITY.—The Annual Commencement Exercises of this College will take place on Monday and Tuesday, March 13th and 14th, 1871, in the hall of the College, on the corner of Prairie Avenue and Twenty-sixth Street. The exercises on Monday will commence at 2 o'clock P.M. and continue until 5 o'clock, and will consist of a public examination of the candidates for graduation, and reading of theses. Members of the profession generally are especially invited to attend on that day. The exercises on Tuesday will commence at 2½ o'clock P.M., and will include the usual programme. It is expected that Dr. Haven, President of the Northwestern University, will preside and confer the degrees. The regular valedictory address will be delivered by Prof. R. N. Isham. The public, as well as the profession, are cordially invited to attend.

MEETING OF ALUMNI ASSOCIATION OF CHICAGO MEDICAL COLLEGE.—We are informed that the Annual Meeting of this Association will be held in the College, at 10 o'clock A.M. of Monday, March 13, 1871, instead of Tuesday as stated in our last issue. Annual address by the President, Dr. J. M. Woodworth.

MEDICAL ASSOCIATION OF EAST TENNESSEE.—The Medical Association of East Tennessee was revived at a meeting held at Knoxville February 2, 1871.

The following were elected officers for the ensuing year:

President—Dr. F. K. Bailey.

Vice-Presidents—Drs. James Rodgers and J. M. Boyd.

Recording Secretary—Dr. M. A. Alexander.

Corresponding Secretary—Dr. S. D. Moses.

Treasurer—Dr. S. M. Burnett.

The President, Dr. Bailey, is one of our old and most valued friends.

We are glad to see him working for the organization of the profession, and honored in his work.

AMERICAN MEDICAL ASSOCIATION.

OFFICE OF PERM'T SEC'Y, WM. B. ATKINSON, M.D., }
1400 Pine Street, Philadelphia. }

The Twenty-second Annual Session will be held in San Francisco, Cal., May 2, 1871, at 11 A.M.

The following committees are expected to report:

On Cultivation of the Cinchona Tree—Dr. Lemuel J. Deal, Pennsylvania, Chairman.

On Inebriate Asylums—Dr. C. H. Nichols, D.C., Chairman.

On Institutions for Inebriates—Dr. Joseph Parrish, Pennsylvania, Chairman.

On the Structure of the White Blood Corpuscles—Dr. J. G. Richardson, Pa., Chairman.

On Vaccination—Dr. Henry A. Martin, Mass., Chairman.

On the Comparative Merits of Syme's and Pirogoff's Operations—Dr. Geo. A. Otis, U.S.A., Chairman.

On Lithotripsy—Dr. E. M. Moore, New York, Chairman.

On Veterinary Medicine—Dr. Samuel D. Gross, Pa., Chairman.

On Protest of Naval Surgeons, Etc.—Dr. W. S. W. Ruschenberger, U.S.N., Chairman.

On National Medical School—Dr. Francis Gurney Smith, Pa., Chairman.

On American Medical Association Journal—Dr. J. P. White, New York, Chairman.

On Criminal Abortion—Dr. D. A. O'Donnell, Maryland, Chairman.

On Nomenclature of Diseases—Dr. Francis Gurney Smith, Pa., Chairman.

On National System of Quarantine—Dr. J. C. Tucker, Cal., Chairman.

On What, if any, Legislative Means are Expedient and Advisable to Prevent the Spread of Contagious Diseases—Dr. M. H. Henry, New York, Chairman.

On Renewal of Prescriptions by Apothecaries without Authority—Dr. R. J. O'Sullivan, New York, Chairman.

On American Medical Necrology—Dr. C. C. Cox, D.C., Chairman.

On Medical Education—Dr. Ely Geddings, South Carolina, Chairman.

On Medical Literature—Dr. P. G. Robinson, Mo., Chairman.

On Prize Essays—Dr. T. M. Logan, California, Chairman.

On the Climatology and Epidemics of—Maine, Dr. J. C. Weston; New Hampshire, Dr. P. A. Stackpole; Massachusetts, Dr. H. I. Bowditch; Rhode Island, Dr. C. W. Parsons; Connecticut, Dr. J. C. Jackson; New York, Dr. W. F. Thoms; New Jersey, Dr. C. F. J. Lehlbach; Pennsylvania, Dr. D. F. Condie; Maryland, Dr. C. H. Ohr; Georgia, Dr. Juriah Harriss; Missouri, Dr. F. E. Baumgarten; Alabama, Dr. R. F. Michel; Texas, Dr. S. M. Welsh; Illinois, Dr. R. C. Hamil; Indiana,

Dr. J. F. Hibberd; District of Columbia, Dr. T. Antisell; Iowa, Dr. J. C. Hughes; Michigan, Dr. G. P. Andrews; Ohio, Dr. T. L. Neal; California, Dr. F. W. Hatch; Tennessee, Dr. B. W. Avent; West Virginia, Dr. E. A. Hildreth; Minnesota, Dr. Chas. N. Hewitt; Virginia, Dr. W. O. Owen; Delaware, Dr. L. B. Bush; Arkansas, Dr. G. W. Lawrence; Mississippi, Dr. J. P. Moore; Louisiana, Dr. S. M. Bemiss; Wisconsin, Dr. J. K. Bartlett; Kentucky, Dr. L. P. Yandell, Sr.; Oregon, Dr. E. R. Fisk; North Carolina, Dr. W. H. McKee.

Secretaries of all medical organizations are requested to forward lists of their delegates as soon as elected, to the Permanent Secretary.

Any respectable physician who may desire to attend, but cannot do so as a delegate, may be made a *member by invitation*, upon the recommendation of the Committee of Arrangements.

W. B. ATKINSON.

OBITUARY.—Report of the committee of DeWitt County Medical Society, on the death of the late B. K. Shurtleff:

WHEREAS, In the dispensation of an all-wise Providence, it has become our painful duty to notice the death of a worthy and beloved member of this Society, to-wit: Benjamin K. Shurtleff, M.D., who died on the 18th day of December, 1870, and,

WHEREAS, In token of the high estimate the members of this Society, and the community generally, has placed upon the character and usefulness of our deceased fellow member and co-laborer in the science of medicine, and also, because we deemed it due to our own feelings as men and physicians, that this Society should indicate its respect for the deceased in such form as to render the manifestation permanent, be it therefore,

Resolved, That, in the death of Dr. Shurtleff, this Society has lost a member who was earnest in the acquisition of medical knowledge, apt in the selection of remedies to combat diseases, a close observer of medical ethics, always courteous in his deportment towards his brother physicians, and one who, had not physical disability prevented, would have become a bright star in the profession of his choice.

Resolved, That, these preambles and resolutions be spread upon the records of the Society, and that a copy of the same be transmitted to the widow of the deceased, with the assurance

that the members of this Society deeply sympathize with her in her great bereavement.

C. GOODBRAKE, M.D., }
W. W. ADAMS, M.D., } Committee.
JOHN WRIGHT, M.D., }

SEX OF THE FŒTUS IN UTERI DETERMINED BY THE NUMBER OF CARDIAC PULSATIONS.—The *Edinburgh Medical Journal* contains the following instructive and suggestive tables:

The first case was one of twins; the heart of one fœtus was heard in the right groin, beating 110 in the minute, and on delivery it proved to be a male; the second heart was heard in the left hypochondrium, beating 154, and on delivery it was found to be a female.

TABLE I—MALES.

2. Fœtal pulsation, 138 per minute.	15. Fœtal pulsation, 116 per minute.
3. " " 138 "	16. " " 120 "
4. " " 135 "	17. " " 120 "
5. " " 130 "	18. " " 138 "
6. " " 130 "	19. " " 125 "
7. " " 132 "	20. " " 140 "
8. " " 132 "	21. " " 140 "
9. " " 140 "	22. " " 137 "
10. " " 132 "	23. " " 140 "
11. " " 140 "	24. " " 141 "
12. " " 136 "	25. " " 122 "
13. " " 133 "	26. " " 120 "
14. " " 134 "	

TABLE II—FEMALES.

1. Fœtal pulsation, 150 per minute.	9. Fœtal pulsation, 140 per minute.
2. " " 142 "	10. " " 152 "
3. " " 140 "	11. " " 140 "
4. " " 150 "	12. " " 143 "
5. " " 144 "	13. " " 144 "
6. " " 140 "	14. " " 141 "
7. " " 140 "	15. " " 160 "
8. " " 144 "	

From these two tables it seems that when the pulsation varies from 120 to 140, the probability is that the fœtus will be a male, and when the pulsation varies from 140 to 160, the fœtus will likely be found to be a female. But there are some exceptions to these facts. In three cases in which the pulsation was from 150 to 160, the fœtus proved to be a male; and in fifteen cases in which the pulsation varied from 116 to 138, the fœtuses were found to be females. It therefore appears that there is less frequent variation in the pulsation in the male fœtus than in the female; or rather that there are fewer cases in which the heart's action exceeds 140 in the male, than that it falls below that number in the female.—*Rich. and Louis. Med. Jour.*

MORTALITY FOR THE MONTH OF JANUARY, 1871.

Accidents, drowned--	2	Diphtheria-----	14	Liver, abscess of-----	1
“ burned-----	3	Dropsy-----	7	Leucocythæomia-----	1
“ by fall-----	2	“ and peritoneum--	1	Lungs, congestion-----	5
“ kicked by horse	1	Enteritis-----	8	“ hemorrhage-----	2
“ railroad-----	5	Epilepsy-----	2	Measles-----	5
“ scalded-----	1	Erysipelas-----	4	“ and complications	2
“ suffocation-----	1	Exposure-----	2	Meningitis-----	7
Anasarca-----	1	Exhaustion following		“ cerebro spinal--	3
Aneurism of aorta--	1	child-birth-----	1	“ tubercular-----	1
Apoplexy-----	5	Fever intermitent--	1	Metritis, puerperal--	1
Ascites-----	2	“ puerperal,-----	6	Occipital bone, depres-	
Asphyxia-----	1	“ remittent,-----	2	sion of-----	1
Asthma-----	3	“ scarlet-----	11	Old age-----	9
Atelectasis pulmonum	1	“ & complications	1	Oedema pulmonum--	1
Bowels, strangulation		“ malignant-----	2	Paralysis-----	2
internal-----	1	“ typhoid-----	8	Peritonitis-----	4
“ and stomach neu-		Gastritis-----	2	Peritonitis puerpural--	2
ralgia of-----	1	Gastro-enteritis--	3	Phlebitis uterine-----	1
Brain, congestion of--	2	Hemorrhage, gastric--	1	Pneumonia-----	37
“ concussion of--	1	Hæmoptysis-----	1	“ Broncho-----	1
“ disease of-----	1	Heart disease of-----	4	“ and complications	4
“ inflammation of--	8	“ atrophy of-----	1	Small-pox-----	2
“ injury of-----	1	“ organic disease of	2	Spina bifida-----	1
“ softening of-----	1	“ fatty degeneration	1	Spine, caries of-----	1
Bronchitis-----	6	“ valvular disease	3	Stomach, gout of-----	1
“ capillary-----	5	Hepatitis-----	1	Suicide by poison-----	2
Cancer of breast-----	2	Hernia, umbilical--	1	Syphilis, congenital--	1
“ of side-----	1	Hip-disease-----	1	Tabes mesenterica-----	10
“ of stomach-----	1	Hydrocephalus-----	5	Teething-----	3
“ of throat-----	1	“ acute-----	2	Throat, ulceration of--	1
Cholera Morbus-----	2	“ chronic-----	1	Trichiniasis-----	1
Consumption-----	51	Inanition-----	14	Uræmia-----	1
Convulsions-----	64	Intussusception-----	1	Uterus, rupture of-----	1
Croup-----	27	Kidneys and Liver dis-		Urinary infiltration--	1
Cyanosis-----	2	ease of-----	1	Vitality deficient-----	3
Debility-----	3	Laryngitis-----	1	Whooping-cough-----	4
Diabitis-----	1	Leg & arm inflamma-			
Diarrhoea-----	1	tion of-----	1	Total-----	451

Premature births----- 10 | Still births----- 56 | Total----- 66

AGES.

Under 1-----	158	10 to 20-----	16	70 to 80-----	13
1 to 2-----	39	20 to 30-----	34	80 to 90-----	4
2 to 3-----	20	30 to 40-----	49	90 to 100-----	
3 to 4-----	15	40 to 50-----	34		
4 to 5-----	13	50 to 60-----	15	Total,-----	451
5 to 10-----	17	60 to 70-----	24		

Males,-----255 | Females,-----196 | Total,----- 451

Single,-----313 | Married,-----138 | Total,----- 451

White,----- 442 | Colored,----- 9 | Total,----- 451

COMPARISON.

Deaths in Jan., 1870, ---451 | Deaths in Jan., 1870, -- 483 | Decrease, --- 32
 Deaths in Dec., 1870, ----- 415 | Increase, ----- 36

NATIVITY.

Atlantic Ocean -----	1	Denmark -----	2	Norway -----	5
Austria -----		England -----	13	Russia -----	1
Bohemia -----	1	France -----	2	Switzerland -----	1
Canada -----	2	Germany -----	51	Scotland, -----	8
Chicago, Native -----	84	Holland -----		Sweden -----	7
Chicago, Foreign -----	158	Ireland -----	39	Wales -----	1
U. S., other parts ---	73	Italy -----		Unknown -----	2
					Total, ----- 451

MORTALITY BY WARDS FOR THE MONTH.

Wards.	Mortality.	Wards.	Mortality
1 -----	5	18 -----	25
2 -----	13	19 -----	12
3 -----	18	20 -----	22
4 -----	18	Accidents -----	15
5 -----	11	County Hospital -----	6
6 -----	27	Erring Woman's Refuge -----	1
7 -----	14	Home for Friendless -----	2
8 -----	36	Hospital Alexian Bros. -----	2
9 -----	42	Half Orphan Asylum -----	1
10 -----	19	Lake Hospital -----	1
11 -----	21	Marine Hospital -----	1
12 -----	18	Mercy Hospital -----	2
13 -----	10	Scammon Hospital -----	1
14 -----	11	St. Joseph Orphan Asylum -----	3
15 -----	28	Suicide -----	2
16 -----	34		
17 -----	30	Total, -----	451

Mean Thermometer, $32\frac{1}{3}^{\circ}$, Rain, 8.77 inches, Deaths daily, $14\frac{1}{2}$.

RECEIPTS FROM JANUARY 25, TO FEBRUARY 25.—Dr. H. Nance, Kewanee, Ill., \$3.00; Dr. Robert Robson, New Harmony, Ind., 3.00; Dr. John Beale, New Harmony, Ind., 3.00; Dr. D. B. Trimble, City, 3.00; Dr. T. Winston, Foreston, Ill., 4.50; Dr. E. W. Leech, Clifty, Ind., 10.00; Dr. J. T. Frazier, St. Elmo, Ind., 3.00; Dr. J. Schneck, City, 3.00; Dr. R. Woods, City, 6.00; Dr. M. Shepherd, Payson, Ill., 3.00; Dr. G. M. Fox, Lyons, Ill., 10.00; Dr. D. H. Patton, Remington, Ind., 6.00; Dr. W. H. Buchtel, South Bend, Ind., 3.00; Dr. T. D. Fisher, LeRoy, Ind., 6.00; Dr. J. Anderson, City, 3.00; Dr. L. B. Cowles, Caledonia, Minn., 7.00; Dr. T. M. Butler, Pecatonica, Ill., 3.00; Dr. Amos Scott, 10.00; Dr. W. Buchtel, Des Moines, Iowa, 3.00; Dr. E. Andrews, City, 6.00; Dr. C. O'Brien, Edma, Mo., 3.00; Dr. G. Leaming, Ellsworth, Ind., 3.00; Dr. L. D. Tompkins, Cassopolis, Mich., 3.00; Dr. V. L. Hurlbut, City, 3.00; Dr. J. D. Jennings, Sonora, Ill., 3.00; Rev. Geo. Mulfinger, Aurora, Ill., 3.00; Dr. R. Winton, Muncie, Ind., 3.00; Dr. W. T. Knapp, Randall, Ind., 1.50

CHICAGO MEDICAL EXAMINER:

N. S. DAVIS, M.D., EDITOR.

F. H. DAVIS, ASSISTANT-EDITOR.

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NO. 4.

Original Contributions.

ATMOSPHERIC GERMS AND THEIR RELATION TO DISEASE.

BY FRANK H. DAVIS, M.D.

Notwithstanding the time and attention which the ablest scientific observers have devoted to investigation of the subject, we have still very little definite satisfactory knowledge of the nature and character of the causes originating many of our most common and best understood diseases. It is not probable that the possession of this knowledge would be of any practical assistance in the treatment of disease, but as a key to the proper hygienic measures to be adopted, an understanding of the true source and nature of these causes, or influences, would be of the very greatest importance. By the neutralization or destruction of the poisonous material, or at least the avoidance of exposure to their influence, we would, in many instances, be enabled to avoid the contraction of disease, and could effectually prevent the extension of the contagious or epidemic diseases. The discovery of the efficiency of vaccination, and the method of isolation, now practiced with all contagious diseases, has reduced unmeasurably the ravages of that class of affec-

tions. The epidemic diseases, however, of which cholera is a prominent example, are much less easily controlled. Isolation is of no avail. Exposure to foul air and unhealthy surroundings, where the poisonous effluvia, from more or less decomposing material, is being constantly inhaled, being probably the method in which these diseases are contracted, and not to any exposure to the persons diseased. When the discharges from cholera patients are allowed to remain and decompose in the room, or are thrown in an open place, where they contaminate the atmosphere, they will, of course, exert the same poisonous influence as any other putrescent material.

In searching for the origin of the various diseases, wherever no other reasonable tangible cause could be assigned, atmospheric impurities or poisons have usually been held responsible. It is a well understood fact that persons affected with certain contagious diseases, as variola, rubeola, and scarlatina, contaminate the atmosphere for a certain distance around them, with a specific poison capable of propagating the particular disease by which it is engendered. These poisons, however, are of so subtle a nature as to have eluded every attempt at actual demonstration, and we can only prove their existence by their effects. An examination, even, of the poisonous material of the variola pustule, which is known to be capable of engendering the disease, affords us no satisfactory explanation of its peculiar properties. Prof. Lionel S. Beale, in a recent article in the *London Microscopical Journal*, says: "I have examined the contents of the little vesicle which rises in small-pox at different stages of its development, and find, as in allied pathological changes, vast multitudes of minute particles of living matter or bioplasm, but, as will have been anticipated from what has been already said, these present nothing peculiar or characteristic, nothing that would enable us to say, if we saw these particles under the microscope, that they were obtained from a small-pox vesicle, and would certainly give rise to that disease."

The germ theory attempts to account for the origin of these diseases by supposing the existence of certain specific germs, of either a vegetable or animal nature, which, floating in the at-

mosphere, are introduced into the system with the inspired air. As the most rational and probable explanation that has been offered to account for the occurrence of these phenomena, this theory has been very generally accepted by the scientific world. Microscopists have failed, however, as yet, to demonstrate the existence of any such specific germs holding a definite relation to the origin of disease. Organic germs are found to be present, in more or less abundance, in all atmospheres. The large amount of solid material present in air apparently perfectly clear and pure, is most beautifully shown by the very common and familiar phenomena which occurs when rays of sunlight enter a darkened or partially-darkened room, through a narrow opening in a blind or curtain. A cloud of very minute dust-particles, floating about and glistening in the sunlight, mark the passage of the rays through the atmosphere, the particles being perfectly invisible anywhere outside of their course. Prof. Tyndell has proved these invisible dust-clouds to be made up mostly of organic material, by the very simple experiment of introducing the flame of a spirit-lamp into the rays, when most of the particles were consumed and a dark smoke produced. This, however, by no means proves the particles to be *living* germs, and being apparently normally, or at any rate constantly, present in the atmosphere, *they* cannot, of course, be considered as holding any causative relation to disease.

The occurrence of suppurations, of erysipelatous inflammations, gangrene, etc., in wounds after surgical operations, and in abscesses which have been opened and their cavities exposed to the air, is also attributed by many surgeons to the absorption of living germs from the air. In accordance with this theory, an antiseptic mode of treatment has been devised by Prof. Lister, and since modified and improved upon by Prof. E. Andrews, of this city. The treatment consists, essentially, in the exclusion of the suppurating surfaces from contact with the air, wherever possible, and in the thorough application of carbolyzed solutions and dressings to such wounds and abscesses as have been exposed to the atmosphere, carbolic acid being supposed to possess the power of destroying all organic germs.

This antiseptic treatment has been thoroughly tested by Prof. Andrews in the wards of Mercy Hospital, and its efficacy fully established by the results obtained. Do these favorable results, however, necessarily confirm the correctness of the germ theory? Or, are not the injurious effects resulting from the admission of air to wounds and abscesses quite as readily accounted for by other equally probable theories? May not, for instance, the organic matter thrown off from the lungs and the cutaneous surface, when retained in close and badly-ventilated rooms, or in crowded hospital wards, until it has undergone decomposition, be of itself capable of poisoning not only the exposed wounds, but also the blood and system generally of the patients compelled to breathe the atmosphere thus contaminated? In support of this theory we have the testimony of some experienced surgeons, Dr. Skey, of St. Bartholomew's, for example, who still claims that the presence of air in wounds is entirely innocuous where the patient's room is properly ventilated.

The results of numerous careful microscopical examinations of the ordinary atmosphere, and also of various special atmospheres, have been published in the *London Microscopical Journal* during the past year. These examinations, although productive only of negative results, as regards the disease-germ theory, have, nevertheless, led to the discovery of some curious and interesting facts in regard to atmospheric impurities.

In the atmosphere of a dissecting hall, according to the observations of George Seigerson, M.D., "Fragments of fibres were found present, with the marks of the scalpel on them! There were fibrils of voluntary and of involuntary muscles of white and yellow fibrous tissues; some epithelial scales, fat cells, corpuscles, fine fragments of hair, and inchoate particles. It was a somewhat ghostly revelation; but might be of advantage by inducing those in authority to ventilate thoroughly and disinfect daily." The same observer also says, "Tobacco-smoke, with some difficulty, was got under the microscope. It was examined on entering and on leaving the mouth. Little globules of nicotine were discovered twirling and flitting about in it, like monods. Some remained on the walls of the mouth; when

the smoke is breathed (by novices) more globules are retained in the lungs, and nausea and illness supervene. These globules, if found in the air, distributed by cigar-smokers, might be taken for germs, as they would resist the iodine-test for amyloids."

In the atmosphere of an iron-foundry, iron was found to be present in the form of balls. "These were found to be hollow, and the fragments of their shells were discovered to be translucent. These iron bombs, or balloons, varied from $\frac{1}{5000}$ th of an inch to $\frac{1}{2000}$ th having been measured with the micrometer. The diameter of a bomb of $\frac{1}{2000}$ th of an inch was computed to be sixteen times greater than the thickness of the shell, which would therefore be about the $\frac{1}{30000}$ th of an inch. The computation was made in order to find at what degree of thinness its iron material was translucent. There were no spores or seeds present, no fibres at all, except a few cotton filaments from the garments of artisans, fibrous carbon particles, and a specimen of contorted, branchy metal. There were no germs here, yet the sunbeams were full of dancing motes. The ray shining on them, assumed, in consequence of their hue, a bluish color, similar to that observed when the carboniferous smoke of a candle or lamp is placed in the track of a sunbeam. On entering such an atmosphere, the taste of carbon, and, indeed, of iron, may be readily perceived."

During the past few months, I have, myself, made a number of microscopic examinations of the atmosphere of rooms, in which patients laboring under different diseases, contagious and otherwise, were lying, and have also examined carefully the breath of the patients themselves. These examinations were conducted in the following manner: A drop of clear, pure glycerine was placed upon a perfectly clean glass slide, which had been carefully excluded from contact with the air outside of the sick-room. The slide thus prepared was placed upon a shelf, a window-sill, or any convenient place, where it could remain undisturbed for twenty-four hours. The currents of air passing through the room brought more or less of the dust and floating particles in contact with the glycerine, by which they were retained. A slide similarly prepared was then held, for a

minute or two, before the mouth and nostrils of the patient, so that the solid particles contained in the expired air might be caught upon it.

The observations were made in the presence of seven cases of typhoid and typho-malarial fevers, one case of erysipelas, one case of scarlatina, one of rubeola, and one case of diphtheria. The atmosphere of my own sleeping apartment, and of that of other rooms occupied by perfectly healthy persons, was submitted to a similar examination, as was also the breath of healthy persons.

The principal difficulty experienced in examining these slides was caused by the large amount and variety of the materials which the glycerine had entrapped. Particles of feathers from the beds or pillows, white cotton fibres from the sheets, red and blue woolen fibres, etc., were readily distinguished in most of the specimens. Numerous and various other particles, the nature of which we were unable to determine, but some of them easily capable of being construed into germs, were also present in every instance.

On a careful comparison of the slides exposed only to normal, healthy atmosphere, with those which had been exposed in the contaminated or contagious atmospheres, we were unable to detect the slightest particle of any kind in the one, which was not equally present in the other. The materials brought to view, therefore, whatever organic matter or germs may have been present amongst them, could not be considered as holding any relation to disease.

We regret that the pressure of other duties this winter has rendered it impossible for us to devote the time and study to this subject which we desired. The few hasty observations which have been made by us, are too incomplete to be of any interest or importance by themselves. Their negative results, however, are confirmatory of the conclusions arrived at by those who have given the subject most attention. We are forced therefore to conclude, either that the disease producing poisons, for which we have been searching, have eluded all the various contrivances devised for the purpose of bringing them under

observation, or else, that these influences emanate from some of the normal excretory products, in which we may suppose certain changes to have taken place; changes which are, however, neither apparent to the eye, nor appreciable by any means yet discovered.

OBSERVATIONS ON THE SANITARY CONDITION, WITH REMARKS ON THE PATHOLOGY AND TREATMENT OF SOME OF THE DISEASES, OF SOUTHERN INDIANA.

BY ROBERT ROBSON, M.D., New Harmony, Indiana.

The following remarks on the sanitary condition of the Valley of the Wabash, and on some of the diseases of Southern Indiana, are submitted, under the conviction, that it is the duty of every physician to do something to elevate the character and increase the usefulness of his profession, and, although they may not contain ought that is new, nevertheless, as history of the past, they may, by comparison, throw some light on the coming events of the future.

If we ever have a digest worthy to serve as a guide to the practice of medicine in Indiana, its best materials will undoubtedly be sought in the accumulated contributions of local medical history; and certainly, no State, from its great extent and varied natural features, calls more imperiously for a careful observation of facts than our own.

It is a frequent remark of the present time, that however rapidly men advance in an intellectual point of view, they still fall short, physically and morally, of what they ought to be; that mankind is obnoxious to many more diseases now than formerly. That there is much, on a hasty survey, which seems to countenance such complaints, especially in the excessive refinement of manners, and the luxuries attendant on civilization, from whence effeminacy and debility supervene, the increase of diseases, and the endless variety of the means of production are so apparent.

This is certainly not the case, but wholly without foundation.

During the first quarter of a century of my medical life in my present locality, we undoubtedly had more diseases in less than half of our present population. At that early period, the County was uncultivated, the inhabitants poor, living in miserable cabins, surrounded by timber and marshes, and exposed to a vitiated atmosphere; but, with the increase of our population during the last twenty years (for I have occupied my present position forty-five years) the sanitary condition of Southern Indiana, and the improvement of its inhabitants, are truly wonderful; not only have diseases decreased in number and intensity, but every onward step in the path of intellectual progress has had a beneficial influence on our population. It cannot be denied, that with the progress of civilization, not only does the population in general increase in health and prosperity, but longevity also, whilst the liability to sickness, and to the sufferings to which all are liable, are materially lessened.

Great improvements have been made in the comforts and living of our people, and, in the dress of the community also; though some things still remain to be done in reference to the female portion of it. All those articles that formerly interfered with the free play of the organs are falling into discredit. Cleanliness is now much more attended to than formerly—the important influence of the skin on the health of the entire system is now felt and appreciated as it deserves. The necessity of free ventilation and wholesome air is duly recognized, and the facilities of procuring wholesome food, are now much increased through the improved state of agriculture, all of which, besides very many other improvements not mentioned, tend to the comfort, and promise permanent advantage to our people. They prevent the spread as well as the production of disease.

The progress of civilization, and the improvements of practical medicine, have vastly contributed to the decrease of our diseases—reference to historical and statistical accounts of almost all diseases, will satisfy any one of the truth of this position.

Among the diseases to which we are subject during the win-

ter, stands first and foremost, pneumonia and its complications. It prevails from October to April or May, some seasons it is very prevalent, amounting almost to an epidemic. The symptoms of pneumonia simplex present but little variation. The disease is ushered in by a chill, which is soon followed by fever, flushed face, headache, and the signs of local determination of blood. Unless the case is complicated with pleurisy, the patient complains of a dull, aching pain in the chest, quick pulse, and high fever, the probable result of inflammatory congestion of some portion of the lungs. In some cases dyspnœa is urgent, compelling the patient to lie on his back with his shoulders elevated. This I conceive to be the result of the congestion and consecutive exudation which diminishes the field of hematosis, and lessens the amount of oxygen entering the blood. The increase of fibrin diminishes the red globules of the blood, which are the bearers of oxygen to the tissues, and consequently lessens the quantity of blood in the circulation, and gives rise to dyspnœa. Besides, the more intense the fever, the more active the combustion, the greater the consumption of oxygen; therefore, the intensity of the dyspnœa is in proportion to the activity of the fever. The pulse, in such cases, is seldom less than 100, and more frequently 120 or more. The fever, in this locality, is generally of a high grade of action. During the first stage—that of congestion—there is but little expectoration, but, as the disease assumes the second stage—that of exudation—the expectoration becomes more abundant, and is most generally of a rusty, semi-transparent, tenacious, and coherent character. The tongue is often furred, the urine high-colored, the bowels costive, and the patient sometimes, though seldom, delirious.

In simple pneumonia, the physical signs are very generally well-marked; dulness on percussion, and crepitation on auscultation.

In pleuro-pneumonia the general symptoms differ but little from the above, with the exception of an acute pain in the side, making respiration, coughing, etc., exceedingly painful.

The treatment, in such cases, has for many years consisted

of calomel, Dover's powder, antimonials, digitalis, blisters, etc.; a mixed treatment, anti-febrile, modifying the temperature and the pulse, etc., resulting, probably, in a mortality of 15 or 20 per cent., in my humble opinion. I would observe, that should the lungs, after the above treatment, still remain unresolved, and the strength of the patient failing, our next recourse would then be to stimulants and tonics, to aid in bringing about a resolution of the existing exudation, but I do not propose to enter into the detail of treatment, as it is supposed that every physician who can treat a severe case successfully, will have sufficient discretion and judgment to adjust his practice to the milder forms.

We learn from the writings of Prof. Jaccoud, at the Hospital de la Charrite, in Paris, Published in the *Richmond and Louisville Medical Journal*, that such remedial agents are only applicable to symptoms, and are only admissable during the first 48 hours, that they do not cut short or abridge the disease in any way, but depress the nervous system, produce nausea, lessen the pulse, and increase the renal and cutaneous secretions, and by increasing the depression produce collapse, or create a quasi paralytic condition of the system, which plunges the patient into an artificial adynamia.

Such treatment, he says, will neither hasten the resorption of the hepatization, or diminish the duration of the disease.

It has repeatedly been said that tart. antimon. possessed the property of favoring liquification and resorption of the pulmonary exudation, and thus abridge the duration of the disease.

This, he says, is not so. We are informed in reference to the natural march of pneumonia, that hundreds of cases let alone, demonstrate that resolution from the fifth to the seventh day is the rule. Continue the tart. antimon. over the time specified above, and you have the toxic action. That pneumonia treated by bleeding has the largest mortality, by the tart. antimon. the next largest, and by the mixed treatment still less, though large, *and by tonic medication the least.*

The published statistics show conclusively that the least mortality is obtained with the exclusively tonic treatment, that is to

say, with sulph. quin., wine, and a mild diet, even during the height of the disease. This is one of the most remarkable of results. The small mortality of three per cent. proves the treatment innocuous. Although tart. antimon, digitalis, etc., are not such serious inconveniences as bleeding, yet the state of many patients do not bear even this temporary draught upon the forces of the organism. If I am not mistaken, Robert Bently Todd introduced the treatment of pneumonia by alcohol, even during the achme of the fever, while Prof. Jaccoud used it only in adynamic cases. I have treated several cases of pneumonia in strict accordance with the views laid down in the work of Prof. Jaccoud, and certainly so far I have no reason to regret it, but, on the contrary, believe them to indicate the true treatment in all such cases. Alcohol, in any of its forms, exercises an energetic stimulation upon the nervous system, and as it is precisely the collapsed state of the nervous system that we have to contend against, it is invaluable as a stimulant in adynamic excitation of the nerves, and also as a modifier of the nutritive combustion which is injurious in such cases. The *modus operandi* is, that the excessive congestion pertinent to fever is partly entertained at the expense of the alcohol absorbed, instead of being kept up at the expense of the organic substance itself. In this way alcohol becomes a saving agent, by restricting the destruction of other combustible material in the organism. The part not eliminated remains in the system, and is consumed by oxygen gas.

Bleeding, so usual a few years since in this section, is now seldom resorted to in any of the chest diseases. We are not often called upon in the early stage of disease, when the use of the lancet would be a powerful auxiliary in modifying the inflammatory congestion consequent on the first stage of pneumonia, etc., etc.

Neuralgia has been of frequent occurrence during the winter, and commanded considerable attention at the hands of the practicing physician.

Though the doctrine of spinal neuralgia is founded on anatomy and physiology, and observation and experience daily

adding their sanction to the deduction of science, yet, notwithstanding, there is no subject that is involved in so much obscurity as that of the true pathology of neuralgia, and certainly none that requires at our hands a more thorough investigation, with the view to determine, if possible, its seat, its essential nature, and best methods of cure. Whether it is an idiopathic affection of the nervous centres and branches, or is merely sympathetic of remote organic irritation, or both, it must be admitted that some of the most prominent phenomena of neuralgia, in many cases at least, indicate the nervous centres, especially the spinal marrow and its branches, to be the original seat of the disease, yet painful diseases of the viscera are, it is well known, very often accompanied with pain in a corresponding point of the vertebral column. Cramps of the stomach, when at their height, give rise to pain, more or less acute, about the fourth cervical vertebra, and the patient often complains more of the pain than of the cramp of the stomach. Severe functional diseases, in any of the viscera, may so influence the nerves of that organ,—for example, take the headache from disordered stomach, the par vagum which arises from the brain, and is distributed to the stomach, is irritated, and pain is immediately felt at its origin. The form of neuralgia which most appears in the Wabash bottoms, is generally facial in character, and of undoubted miasmatic origin. I have even regarded this form of neuralgia as an intermittent, and treated it invariably with success by a mercurial cathartic, quinine and iron, as the best remedial agents to which this affection most readily yields. The female portion of the population living in the valley of the Wabash river are evidently more subject to this affection than males. This may be owing to the peculiar delicacy of the nervous system by which they are more susceptible to impressions, or perhaps to the suffering consequent on parturition, etc. In the early part of my professional life, emboldened by high authority, I treated every case of neuralgia by bleeding, or cuping, or counter-irritation over the spinal column by means of blisters, tart. antim. ointment, etc., etc., which, while it released many, failed to relieve

others, to whom the tonic treatment of quinine and iron are administered with success.

I have lately witnessed two of the most violent cases of neuralgia, in the town of New Harmony, which yielded, after much previous suffering, to the hydrate of chloral, which I will report as soon as time will permit.

A CASE OF CAULIFLOWER.

BY E. R. WILLARD, M.D., Wilmington, Illinois.

Mr. C. called at my office on the 9th of October, 1868, to consult me in the case of his wife. He said she had been unwell almost constantly the past twelve months, and more or less so for eighteen months; that she was subject to frequent fainting spells when attempting to walk about the house.

I requested him to bring his wife to the office, that I might ascertain the cause of the hemorrhage. This he claimed to be impossible, in her present state of health, and the distance from town ten miles, and I must send her some medicine, which I consented to do, with the understanding that I was to see her if she was not relieved with the treatment prescribed.

From this I heard nothing more of the patient until I was summoned to see her, on March 12th, 1869.

I found the patient about 40 years of age, nervous, sanguine temperament, and mother of several children, in bed, so anæmic as not to show the least color of blood in the lips, with some anasarca, and much emaciation, pulse 120, tongue clean, bowels constipated, appetite rather poor. She stated that she had been subject to frequent attacks of hemorrhage the past eighteen months, that lasted for two weeks at a time; between these attacks she would have a profuse watery or bloody-water discharge constantly.

On making an examination, per vaginum, a soft, irregular tumor was found blocking up the passage, and extending to the vulva, which bled profusely on attempting to pass my finger

around it, but without any sensation of pain. The tumor seemed to have distended the vagina to its utmost capacity laterally, while its insertion was found to embrace the whole of the cervix uteri, extending up the entire length of the neck, except a narrow point anteriorly.

By ocular examination the excrescence at the vulvæ exhibited the deep red color and nodular appearance of a fully ripe strawberry. I diagnosed cauliflower, and after explaining to the patient the nature of the case, and the uncertainty of a favorable issue, I proposed the removal of the growth by amputation of the neck of the uterus, as the only measure calculated to produce a permanent cure. Therefore, on the following day, in consultation with Dr. W. R. Fox, now of San Leandro, California, who fully coincided in the opinion, that amputation of the neck, as high up as possible, would promise best for the removal of the greater part of the morbid tissue, and, in his opinion, would afford the only chance of safety to the patient, amputation was performed.

Among the different operations recommended and practised for amputation of the neck, as by the *écraseur*, the scissors, knife, or the wire heated by the electric current, I chose the former, as the most manageable, both as to hemorrhage and subsequent treatment, this was applied, and the neck amputated as high up as possible without endangering the peritoneal cavity. There was very little hemorrhage following the operation, owing in part, no doubt, to the shock upon the system, which in this case was great. The oozing was stopped by free injections of the persulphate of iron, pain relieved by morphine, and the system well-sustained by stimulants, tonics, and beef-essence. In twenty days from the operation the wound on the right side of the cervix appeared to be well covered with healthy granulations, while that upon the left section of the granulating surface presented that peculiar nodulated, strawberry appearance of "proud flesh," shooting up from the surface to the extent of half an inch in breadth to an inch in length, having all the peculiarities of the former growth.

This part was freely cauterized with chromic acid, and the

application repeated about once every four weeks up to the end of November. After which the entire wound healed over, without any further development of morbid tissue, exhibiting a smooth, even surface. Between the times of using the cautery, an injection of a weak solution of chromic acid, alternated with that of permanganate of potash, was used occasionally, to correct the fetor.

The patient who had presented such an anæmic, pale, cadaveric, and emaciated appearance at the commencement, now began to regain her former plumpness and cheerfulness.

April 25th, 1870, on making an examination with the speculum, the cicatrix presented a smooth, healthy appearance, no remnant of the epithelioma could be seen, and the general health of the patient was quite good, inasmuch, that she was able to attend to all of her household duties. At this writing, March, 1871, she is still enjoying the best of health.

TEA-LEAVES AS AN APPLICATION TO BURNS AND SCALDS.

By W. H. SEARLES, M.D., Warsaw, Wis.

Some few years since, I accidentally found that a poultice of tea-leaves, applied to small burns and scalds, afforded immediate relief, and I determined to give it a more extensive trial when opportunity should present, and which soon occurred.

It was in a case of a child 14 months old. Upon examination, I found the entire anterior portion of the body, arms, and legs blistered and deeply burned from a kettle of hot water which the child had upset upon itself. The case, to say the least, was unfavorable for the success of any remedy.

I prepared a large poultice, softening the leaves with hot water, and, while yet *quite warm*, applied it upon cotton-wool, over the entire burned surface.

Almost like magic, the sufferings abated, and, without the use of *any other anodyne*, the child soon fell into a quiet sleep.

In a few hours I removed the application, and re-applied where it was necessary. I found the parts discolored and apparently *tanned*. The acute sensibility and tenderness had nearly disappeared, and the little patient passed through the second and third stages under far more favorable circumstances (symptoms) than was at first anticipated, making a recovery in about two weeks. Since then, on several occasions, I have had reason to commend tea-leaves, till now I have come to prefer it above all other remedies in the first stage of burns and scalds.

I think it must recommend itself to the profession, not only on account of its intrinsic worth, but also by reason of its great convenience, being so readily obtained.

I am not aware that any mention has been made thus far of this article in this connection, and I hope that others will find it as useful in their hands as the writer has.

Clinical Reports.

CLINICAL CASES IN MEDICAL WARDS OF MERCY HOSPITAL.

Clinic by PROF. DAVIS. From Notes by S.

CASE I.—This girl was taken sick last Thursday; admitted to the hospital yesterday, Monday, January 2d.

She presents the characteristic eruption of measles; easily distinguished from that occurring in scarlatina, by the points of eruption being aggregated in clusters, with natural skin between, and from that of small-pox, in which the eruption comes in pointed, elevated, hard nubes, not so red as in this case, presenting only a slight flush, and without the catarrhal premonitory symptoms, or weeping of the eyes.

The patient is now at the stage when she is suffering oppression and tightness in the chest, with a harsh cough, which produces intense pain through the temples with each paroxysm.

TREATMENT.—In this disease, if uncomplicated, the indications are very plain and simple. The disease has a natural course to run; cannot be broken up; is self-limited; and the physician is not expected to interfere with active means, but simply to modify its severity as much as possible, so as to leave the system in the best possible condition.

Give enough of some anodyne expectorant to lessen the severity of the bronchial irritation and cough, and mitigate the pain in the head.

One of the best preparations, perhaps, for cases as severe as this, consists in the following:

R. Syrup Scilla Comp.	3iss.
Vinum Antimonii,	3ss.
Tinct. Opii Camp.,	3ij.
Tinct. Verat. Viride,	3i.

M. Dose—one teaspoonful every three hours in a tablespoonful of water.

This will, usually, in the course of twenty-four hours, lessen the fever and modify the cough, while the pain in the head will at the same time be greatly relieved.

As the period is reached when the fever begins to decline, the veratrum may be omitted from the mixture, which may then be continued, given every three, four, or five hours, till the cough has entirely disappeared; the anodyne with the expectorant, produces a very pleasant effect, and does not tend to interfere with the progress of the eruption; but you will usually find while using this, that the bowels will become constipated, tongue coated, urine scanty, etc., which condition, if neglected, leads to a bad state of digestion, disorder of the bowels, etc.

I am not in the habit of giving physic until the eruption is fairly out; when, if the bowels have not moved for a couple of days, I direct a mild laxative, as, for instance, a combination like the following:

R. Hydrarg. Chl. M.,	grs. v.
Leptandrin,	grs. ij.
Soda Bicarb.,	grs. v. M.

This will produce a moderately fair operation of the bowels,

which may subsequently be kept in a regular condition by any simple laxative that will be most readily taken. Rochelle salts, effervescing solution, Tanant's aperient, pil rhei comp., etc.

You will occasionally meet with cases where the patient suffers so much at night that it is best to give a tolerably full dose of Dover's powder at bedtime; a good combination for this purpose is, pulv. Dover, viii grs. with hydrag. chl. mit. i gr., followed, if necessary, by a laxative in the morning. Or, you may use instead, fifteen or twenty grains of the bromide of potassium at night; this sometimes acts very favorably, but is not reliable in cases of eruptive fever.

One important thing to guard against, is, extension of the irritation from the bronchial tubes, to the lobules of the lungs; making it complicated with lobular pneumonia.

In children under two years of age this tendency is very strong.

It is usually about the second day of the eruption that you will first be able to detect this; if it is going to occur, it may happen later, seldom, however, before the second or third day.

You will observe, first, that they do not breathe naturally, nor as from simple tightness of the bronchial tubes, but every inspiration brings out a forcible expansion of the nostrils, and at the beginning of the respiratory act, there is sudden falling in of the walls of the abdomen, produced by contraction of the abdominal muscles.

These, if the case be noticed carefully, will be among the earliest symptoms to warn you of trouble with the lungs. On applying the ear to the chest, you will also find a sharp, well-defined, subcrepitant ronchus.

If allowed to run along till the time for the fever to subside, you will have the little lobules of the lungs in a hepatized condition, the patient drowsy and dull, breathing short, lips blue, pulse sharp, short, and quick in stroke, and easily compressed, lips and tongue dry, patient disposed to lay with the head thrown back, eyes half open, and in a few days death will supervene.

In adults, this is the chief source of fatality from measles.

When symptoms of pneumonia occur, in connection with measles, the best remedy in children is a combination like the following:

Ry.	Lig. Ammon. Acetas,-----	℥iss.
	Syrup Ipecac,-----	℥ss.
	Tinct. Opii Camp.,-----	℥i.
	Tinct. Verat. Viride,-----	℥i.

DOSE—proportioned to the age of the child; for a child two years old, about twenty drops are usually necessary; though it is best to begin with ten drops; for an adult one teaspoonful. It should be given every two, three, or four hours, till the fever is controlled. In the active stage of the disease, while using this mixture, cover the chest externally with fomentations.

I have considerable faith in the popular notion about onions; they certainly afford more relief to the breathing than any other thing we can use. I attribute it to the impregnation of the air which is inhaled, with the volatile oil, more than to any absorption from the surface of the chest, and think this application preferable to blistering.

It will be advisable, in these cases, to give a powder, containing from half a grain to a grain of calomel, with Dover's powder, according to the age and restlessness of the patient, about three times a day. The liquid mixture may be continued, at longer intervals, until the symptoms of pneumonia have entirely disappeared.

CASE 2.—GENERAL DROPSY, ETC.—December 6th, A. B., age —, occupation ———, etc. This patient came into the hospital several days ago, presenting the appearance of general dropsy, with great dyspnoea and swelling of the lower extremities.

It seemed that he had had several attacks of bronchial irritation, and asthmatic restriction of the bronchial tubes, with congestion of the capillaries of the tubes, and irritation of the pneumogastric nerve, causing great difficulty of breathing, imperfect aeration of the blood, tightness of the chest, and more or less harsh, suffocating cough. With this condition of the bronchial tubes he had decided pain in the left side of the chest,

lips blue, face bloated, legs and feet very much swollen, and a general infiltration of the tissues, scrotum swollen, full, and affected with an eczenatous eruption, accompanied with a burning, smarting, tormenting sensation, dulness over a larger space than normal in the cardiac region, and abdomen distended from the effusion.

On application of the stethoscope, find heart sounds distant and obscure, with hardly distinguishable impulse, and am unable to make any distinction between the first and second sounds, heart has a tremendous rapid motion. This, with excessive dulness, indicating pericardial effusion.

The first impression would be that we had albuminuria or organic disease of the kidney, giving rise to impoverishment of the blood, inducing dropsical effusion into the cavity of the pleura-pericardium, etc., that so frequently supervenes during the progress of albuminuria, but upon examination of the urine this could not be detected.

Not being able to account for the effusion in this way, we might expect to find some enlargement and obstruction to the circulation in the abdominal viscera, as enlargement of the liver in persons who drink habitually, or the formation of fatty deposit in the liver, or in the muscular structure of the heart, which would give rise to dropsical effusion, and in such a case the abdomen would become greatly distended, and it would be some time before it pervades the extremities; the same is true of the spleen. If the liver was enlarged we could easily bring the fingers in contact with the enlarged organ just below the margin of the ribs, and the same in regard to the spleen—also, by percussion.

In this case, instead of dulness below the margin of the ribs, this is the most resonant part of the abdomen, probably owing to the fact that the colon is distended with gas, in which case, however, if the organs above were distended, it would be crowded down or overlapped, and we should get dulness on percussion; if from the spleen, the dull region describing a curve on the left side.

If not albuminuria, enlargement of these organs, etc., how shall we account for the symptoms?

If true that it began with an attack of capillary bronchitis, in conjunction with pericardial irritation, continued so as to retard decarbonization of the blood, with sufficient pericardial effusion to embarrass the heart's action, combining to induce impairment of the vaso-motor nervous system, this might give rise to a loss of tone and relaxation of the capillaries, allowing a slow circulation of the blood through them, and exomoiosis from a want of impulse, and reaction under the influence of the vaso-motor system of nerves upon the muscular fibres of the arterial system. The blood does not get more than one-half the normal amount of oxygen, and this condition acts as a sedative narcotic on the whole capillary system.

As I cannot determine the existence of any disease in the viscera of the abdomen that would account for this condition—though it is not usual to get dropsy so rapidly from obstruction in the air-passages, etc.—as I could find no other cause, and from the weak character of the pulse, blue lip, and general relaxation, as manifested by the effusion, I should be led to conclude that such was the case in the present instance.

There was, in the beginning, that stage that would admit of active antiphlogistic treatment, when, I have no doubt, a sedative and alterative course of treatment would have arrested its progress, but the time for arterial sedatives has passed away, we now have too feeble capillary circulation, and a weak, tumultuous action of the heart.

The object in the treatment should be to give more force to the heart's contractions, reducing the frequency at the same time, and to produce efficient action of the kidneys, to carry off the water and prevent further effusion.

To accomplish this we relied upon the digitalis and scutillaria to control the force and frequency of the heart's action, while the influence of the digitalis on the kidneys makes it very applicable in this case.

We prescribed the following mixture:

Ry.	Fl. Ext. Scutillaria,	-----	℥ij.
	“ “ Digitalis,	-----	℥i.
	“ “ Hyoscyamus,	-----	℥i.
	Potas. Nitras,	-----	℥iij. M.

S. One teaspoonful to be taken every three hours.

For a future alterative influence I directed, in addition, a powder consisting of Dover, vi grs. hydrag. chl. mit., ii grs., to be given every night. Doubt if the chloride had better be continued more than another day.

If at any time the bowels should become so loose as to weaken the patient, would reduce the frequency of the liquid mixture to once in four hours, and alternate with it a teaspoonful of the ordinary turpentine and laudanum emulsion.

Will also have a blister applied over the chest, followed by poultice.

Under the above course of treatment the dropsical effusion and difficult breathing were rapidly relieved, and on the third day the pulse became slower and more distinct, and on the fifth day it was so slow that the digitalis had to be diminished by lengthening the interval from once in three hours to every six hours; cough easier, but dry, so that we gave the muriate ammonia between the other. Makes water quite freely, breathing tolerably fair, but still indicative of bronchial tightness, and the heart's action, while slow, is irregular, impulse still deficient and hardly distinguishable.

First and second sounds of the heart cannot be made out clearly, and are distant still.

This feeble and irregular action of the heart may arise in three conditions, one source is pericardial effusion, another is failure of innervation, and thirdly, as remarked at the previous clinic, by organic change in the muscular structure of the heart itself. When either are strongly developed, we may have the heart's action so weakened and imperfect that it is impossible to make any distinction between the first and second sounds, and if the patient is not under some influence to regulate the heart's action, it will beat with great rapidity, especially in degeneration and effusion. Occasionally, in defective innervation, the action may be slow and weak, but this is a rare occurrence. The health-beat generally increases in frequency with diminished force.

The improvement in the effusion and oxidation of the blood

while the heart remains feeble, increases the probability that we may have impairment of the muscular structure of the heart by fatty degeneration.

Under this supposition, and with a view to counteracting the formation of fat by increasing the oxidization of the carbonaceous fatty matters, and improving the tendency to nitrogenous nutrition, I shall direct potas. chloral, x grs., in mucilage of gum Arabic, after each meal; giving the ammonia mixture night and morning, and the digitalis mixture every six hours.

Correspondence.

MORPHIA AS A PARTURIENT.

SWEDONA, ILLINOIS, *March 15, 1871.*

PROF. N. S. DAVIS,—DEAR SIR,—In your last issue of THE EXAMINER, I notice a communication from L. D. Robinson, M.D., on the “Action of Morphia Sulphatis as a Parturient,” in which he quotes largely from an article of Dr. Robson, in the January number of the same journal. For another among many I can say, that so far as my practice has extended, my observations coincide with those of Dr. Robson, and I do invariably believe the action of the sulphate of morphia to be similar to the secale cornutum, whether given in a state of natural or unnatural parturiency.

After the last quotation from Dr. Robson, Dr. Robinson asserts, that in his field of observation, morph. sulph. would prevent *all cases* of threatened abortion, *where correctly administered, that were preventable.* But in *all my* cases where threatened abortion has occurred and I have administered this salt, the parturient throes were immediately increased, and delivery was the result. The same contractile efforts of the womb have been brought about in cases of natural labor, where cessation of action had taken place.

GEO. H. VANCE, M.D.

HYDRATE OF CHLORAL.

CHICAGO, *February 10, 1871.*

DR. N. S. DAVIS,—SIR,—In noting your article on a “Large Dose of Hydrate of Chloral,” and your suggestions in regard to the difference of quality of the chloral in our drug stores, and the great variations in the capacity of different patients to sustain life under its effects, induced me to make this suggestion, that it depends more on the alkaline state of the patient’s system at the time of the administration, or the administration of an alkali soon after the chloral was taken; for, in either case, the chloroform will be more rapidly liberated from the chloral, and its effect more rapid and powerful.

Such has been my observation. Your situation in Mercy Hospital will enable you to confirm or correct my suggestions.

If correct, would it not go far in accounting for many of the unpleasant cases recorded against hydrate of chloral.

If your investigations should prove that alkalies have that effect, I think it could not be too widely known.

H. N. HURLBUT, M.D.

NOTE,—Is there not danger of a chemical change taking place where chloral is held in solution a few days? Do you find as marked an effect from a given dose on the third as on the first day of administration? I do not.

H. N. H.

Proceedings of Societies.

ALUMNI ASSOCIATION OF THE CHICAGO MEDICAL COLLEGE.

The Fourth Anniversary Meeting of this Association was held at 10 A.M., March 14, in the College Hall.

The usual number were present, and the exercises of a varied and interesting nature were conducted with despatch.

Dr. Lyman Ware, of Chicago, class of 1866, obtained the prize of \$100 for his essay on “Antagonism between Opium and Belladonna.”

The Association again offers a prize of \$100, to be governed by the same rules as heretofore. Of the above sum Prof. N. S. Davis donates \$50.

The Committee on Prize Essays, Drs. N. S. Davis, E. Andrews, H. A. Johnson, and Walter Hay, were requested to serve another year.

It was moved by Dr. Merriman, and carried, that the Prize Essay and the President's Address be published in THE CHICAGO MEDICAL EXAMINER, that 150 copies be printed in pamphlet form, and a copy sent to each member of the Association.

The officers for the ensuing year are:

President, DR. NORMAN BRIDGE, class '68, of Chicago.

1st Vice-President, DR. WM. DOUGAL, class '68, Lamont, Ill.

2d Vice-President, DR. GEO. E. LORD, class '71.

Secretary and Treasurer, DR. S. A. MCWILLIAMS, class '66, Chicago.

THE TRANSACTIONS OF THE ESCULAPIAN SOCIETY OF THE WABASH VALLEY, AT ITS ANNUAL SESSION HELD AT TUSCOLA, ILLINOIS, OCTOBER 26-7, 1870.

The meeting was not well attended, and reports from only a few of those appointed chairmen of committees were heard from. Dr. Albin, of Neoga, although present, failed to make a report on surgery, and but for a few cases reported, this department would have been a complete failure. One of special interest, from Dr. L. J. Willien, a case of prostatic abscess. Thos. S., aged 29; tall, rather stooped; of good constitution; well-digger, was taken sick in July, with severe pains in the region of the bladder, and stranguary; was treated empirically for a while, and had received injections of acetate of lead, zinc, and chlo. iron into the bladder—still grew worse till I saw him first, on September 4th, 1870. The following symptoms presented: eyes sunken, expressive of pain; face pinched and covered with a cold copious perspiration; mouth dry, tongue furred, great

thirst, with anorexia; skin hot and clammy, with cold sweats; pulse small, 100 per minute; emaciated; severe pain in region of perineum, which was hot and swollen, and over the bladder, which was much distended, great restlessness.

Diagnosis obscure, first thought it a case of rheumatic cystitis, on account of the trade the patient followed; yet the greatest pain being near the neck of the bladder, and extending along the urethral canal and spermatic cords, with considerable swelling of these organs, led me to seat the disease in the prostate gland, which I fully convinced myself of by introducing a catheter, which passed the gland with difficulty, but after entering the bladder gave no pain, but only relieved it of a large amount of urine, with mucus detritus.

TREATMENT.—Infusion of flax-seed, Oss, tinct. opii, $\mathfrak{z}$ i, injected into the bladder every half-hour; the patient felt relieved and in a short time micturated without the bougie; narcotic poultices to the perineum; turpentine frictions over pubic region; internally,

R $\mathfrak{x}$.	Potass. Acetatis,-----	$\mathfrak{z}$ ss.
	Wine Cholch Sem.,-----	f. $\mathfrak{z}$ ss.
	Tinct. Opii Comporata,-----	f. $\mathfrak{z}$ i.
	Aqua Mentha Pip,-----	f. $\mathfrak{z}$ ij.
	Syr. Tolu,-----	f. $\mathfrak{z}$ j.

Mix; take one teaspoonful every four hours; watermelon seed infusion to drink.

6 P.M., removed one pint urine, very ammoniacal, with few flakes of pus; the above injection repeated, and treatment continued.

5th, 8 A.M., slept all night; micturated twice; pulse soft and regular, 75; expression of face calm; some appetite; no pain in bladder or perineum.

11 A.M., severe chill, lasting nearly one hour, with pain in neck of bladder and perineum, with swelling and heat, followed with profuse perspiration and free evacuation of bowels; micturation impossible, catheter introduced.

8 P.M., fever less; perspiration profuse; pulse small 120; tongue coated in centre, edges very red; severe tension of the

perineum, and swelling of the scrotum, urethra, and penis; left testis very painful. Narcotic poultice to the perineum; sulph. quinine, grs. iv, every three hours.

6th, 8 A.M., urine high-colored; alkaline mixed with pus; fever continues.

R _x .	Unguent Hydrag.,-----	d.s. 3ss.
	Ext. Belladonna,-----	gr. v.
	“ Strammon.,-----	gr. v.
	Pulv. Camphor,-----	ʒij.
	“ Ammon. Mur.,-----	ʒj. M.

Ft. unguent to be rubbed on perineum and over urethra every three hours.

R _x .	Quinine Sulph.,-----	ʒj.
	Pulv. Opii,-----	gr. x.
	“ Camphor,-----	gr. xxi.

Mix; divide 20 powders; one every three hours. Urinary secretion being established, acetate of potassa is suppressed, and the following substituted:

R _x .	Spts. Terebinth,-----	ʒj.
	Musc. Acacia,-----	ʒj.
	Tinct. Opii,-----	ʒij.
	Syr. Simple,-----	ʒj.
	Aqua Mentha Pip,-----	ʒij. M.

Cochlea magna tria horis.

7th, 8 A.M., patient rests; pulse 90 and regular; less thirst; two pints of urine passed during the night by aid of catheter; local symptoms as above; treatment same.

8 P.M., ut supra; urine mixed with pus.

8th, 8 A.M., pulse 78; other symptoms better; exploration per rectum; engorgement of prostate gland, very hot and painful, its left and posterior side distended and fluctuating; above treatment continued.

7:30 P.M., pulse 80, regular; skin soft and moist; perineum left side much swollen, with a throbbing pain; treatment ut supra.

9th, 8 A.M., bowels moved; urine drawn by catheter; local symptoms the same.

8 P.M., perineum as before; made a free incision; large quantity of pus and gas escaped; continued poultices, and gave, internally, in place of above,

R. Tinct. Cinchonæ Comp., -----f. ℥iv.

℥iss three times a day.

10th, 9. A.M., symptoms all better; passes urine without catheter; matter continues to discharge itself; incision washed out with carbolic acid water.

11th, 9 A.M., patient much better; appetite good; exploration per rectum reveals an entire subsidence of past symptoms; same treatment continued. Patient made a hasty recovery, and was walking about, most well September 20th.

Dr. C. B. Cannon's report on midwifery was full, and some cases, with treatment, elicited a lengthy debate. One of abnormal presentation and turning, with hour-glass contraction (labor lasting 55 minutes); retained placenta with hemorrhage.

Dr. W. Brinton had reported a case in which there was rupture of the membranes and escape of the waters some *three weeks* before the delivery of a living child. This case caused much doubting, and, although it came from so reliable a source, some members were still inclined to discredit it, presuming there must have been some abnormal condition which led the observer into error, since the child was alive and healthy. The report and debate lasted most of the first day.

Dr. Walston, of Paris, Illinois, failed to report on indigenous botany.

Dr. Johnson, of New Goshen, Indiana, being absent, there was no report on epidemics.

Dr. L. L. Todd, of Paris, Illinois, also failed to report on practical medicine. Indeed, all but one appointed failed to "come to time;" however, the meeting was not without benefit, as every one present felt a deep interest in the cases reported.

Dr. M. W. Wilcox read a paper on "Criminal Abortion"—"Slaughter of the Innocents," and one on the "Current Medical Literature of the Day." The first was in defence of the profession proper, laying the blame on a *non-professional* class or *empirics*, and society, as well as the law-making bodies of

our country, for its permission. This paper was full of sarcasm, wit, and humor, with which its author is at all times peculiarly fortified.

The second paper was one on which the practical part of the profession would all agree, we think. Its author designed to show the unreliability of many of our text-books, as well as a great part of what was written for medical journals at the present day; and a great many practitioners too implicitly relied on what they read, which resulted, not only in great dissatisfaction to themselves, but was often fatal to their patients. He thought it doubtful whether Aitken or Bennett could describe and lay down a course of treatment of a special disease common to England and the State of Illinois, or, in other words, that they could treat as successfully in some localities of Illinois as they could the same disease at home, in England, at least, he thought the *modus operandi* of calomel in Illinois, was diametrically opposite to Dr. Bennett's in England. He thought there were too many writers by profession whose faculty of imagination became heightened or too exquisite for practical men. He did not wish to be understood as opposed to what was new, but that new ideas, which were only ideas, should be viewed with caution, especially when they may come in opposition to vital force.

The public address was also delivered by Dr. M. W. Wilcox, on his retiring from the presidency of the Society, which was conceded by all members present to have been the best adapted for a public audience they ever listened to.

Dr. J. H. Apperson, of Tuscola, on account of sickness, did not prepare his report on "The Sources of the Gastric Juice," and was continued for the next meeting. Dr. A. seems to take issue with the rest of his brethren, in the Society at least, but has a great deal of modesty in opposing his own favored views to a universally received theory; yet, while he was aware that theories no less cherished and generally received had fallen, while new ones had sprung up. The opinion of the doctor is, simply that the glands of the mouth, the saliva, furnish the *warm and only fluid necessary in digestion*, and that the *stomach secretes only mucus*. It is unnecessary to state that nearly every

member of the Society was opposed, in a warm discussion, to Dr. A., yet they requested him to reduce his arguments to writing at the Society's next semi-annual meeting, when it is hoped, if there is something new yet in this direction, it may come to light. Dr. Apperson is an old and able physician, and his views will be doubtless interesting.

The Society then elected its officers for the ensuing year: Dr. Wm. M. Chambers, of Charlestown, Ill., was unanimously made President; Dr. L. J. Willien, of Effingham, Vice-President; Wm. E. Henry, Secretary and Treasurer. Delegates to American Medical Association: Drs. Wilcox, Chambers, Cannon, TenBrook, Swafford, Steel, and Henry. Drs. Willien, Miller, Reat, Lacro, Brinton, Apperson, and Denning, as delegates to State Society.

After a two days' meeting, during which time its members were well entertained by the resident physicians of Tuscola, the Society adjourned to meet at Effingham, Illinois, on May 25th, 1871.

WM. M. CHAMBERS, M.D. *Pres.*,

WM. E. HENRY, M.D., *Sec.*,

Charlestown, Ill.

Mattoon, Ill.

Selections.

ON ACQUIRED SYPHILIS.

By WILLIAM WILSON, M.D., M.Ch., Q.U.I.

I have to submit to the profession the following notes of an extremely interesting case of acquired syphilis, which came under my notice while acting as "*locum tenens*" for the assistant-surgeon in the County Down Infirmary.

It will be seen from the notes of the case that it favors the view which Ricord entertained—*viz.*, that a wet-nurse may contaminate the infant to which she gives suck through the medium of her milk. Acton denies the possibility of this; but the following case is strongly in favor of Ricord's views. Another

vexed question is resuscitated in this case—*i. e.*, whether or no a syphilitic child can affect a healthy nurse. Both Ricord and Aiton deny the possibility of this; whereas Hunter and Lawrence cite cases in which it has occurred. Rollet, in his report, "*Recherches Cliniq et Expériment sur la Syphilis*," as quoted by Lancereaux in his "*Treatise on Syphilis*" (vol. ii, p. 246 et seq.), maintains the view of saliva acting as an infecting medium. The case related by Rollet is so interesting that I am sure I will be excused for quoting it here: "A young woman of irreproachable morals contracted syphilis, the first manifestation of which was a chancre on the lips. After questioning the patient in the presence of her mother and husband, Rollet came to the conclusion that the disease had been communicated by the cook. The latter, who had been ill for eight or ten months, had the isthmus of the throat occupied by confluent mucus patches, and the young lady was in the habit of tasting all dishes prepared by the servant with the same spoon, and immediately after her."

In the case which I am about to quote, there is the most striking similarity, in the means whereby the syphilis was transmitted, to the above case of Rollet's.

Case.—Biddy M'Veigh, æt. 33, married, by occupation a housewife, living at Kilkeel, was admitted into Downpatrick Infirmary on December 8th, 1870, and placed under the care of Dr. Maconchy for secondary syphilis. Also, at the same time, her four children—*viz.*, Maryanne, æt. 11; Eliza, æt. 7; William, æt. 2; Biddy, æt. 1—were admitted for the same affection. The mother stated, on admission, that she had been laboring for some time under sore throat, but that she had been taking medicine for it, and that now her throat was almost quite well, and that she only wished admission to look after her children. On examination, the tonsils of the mother were found to bear the marks of superficial ulceration, but there were no signs of inflammation, and she did not complain of any pain. The children were all found to be laboring under ulcerated sore throat, the tonsilitic ulcers having the bi-symmetrical character and gouged out appearance peculiar to specific sores. In addition, all the children had those serpiginous patches round the margin of the anus which are known as condylomata. None of the family had any other affection, with the exception of the youngest child—Biddy, æt. 1—who had small superficial ulcers about the angles of the mouth, roseola over the lower two thirds of the nose, and larygitic symptoms; also, aphthous-looking spots on the tongue. The mother complained of nothing, nor

did she present any symptoms of the disease except the condition of the throat before referred to. The eldest child, Maryanne, had ulcerated sore throat of a more virulent character, and condylomata larger and more irritable than the rest of the family. With these exceptions, there was no difference of any moment in the symptoms between the rest of the members of the family. The youngest child, in consequence of its present constitutional disorder, looked very debilitated; the others were strong, tolerably healthy-looking children, full of animal spirits.

On inquiry, the mother stated that the youngest child was the first to be affected. That it was, on the day of its birth, a fine healthy child; and that on that day her sister-in-law—a married woman—gave the child *the breast* on two separate occasions. She (the mother) being told by a neighbor that her sister-in-law was laboring under the “*bad disorder*”—having been smitten by her husband—took the child from the sister-in-law, and never again allowed her to suckle the child on any other occasion. From that time her child remained quite healthy, and sucked well for nearly a month; but when the child was close upon being four weeks old, she observed it becoming very cross and irritable, and she began to find great difficulty in inducing it to take the breast. About this time also—four weeks after birth—she observed spots coming out over the child’s body of a dark red color, and about the size of a pea, which “*never came to a head*”—*i. e.*, never became purulent or serous. On seeing the eruption she got alarmed, and consulted a medical man, who gave her a *salve* and medicine; persevered in the use of the salve and medicine, and the spots disappeared in three months. About two months after she first saw the eruption, she observed the sores about the child’s anus. Her medical man being consulted about these sores, pronounced them syphilitic, and ordered her to apply the “*black wash*” to keep the parts clean, and to give the child spoon diet, as the amount of nourishment it—of itself—was able to derive from the breast was inadequate for its sustenance. When the infant was two months old, she (the mother) observed two large flat-looking dark red spots on her breast—one on each side of the nipple of the breast she was accustomed to apply the child to—and shortly after she took a very bad sore throat, and used to spit out “*matter*” from it which had a bad taste and smell. It was nearly nine months before her throat was well, although during the whole of that time she had been under medical treatment. She states that she did not suffer from anything except the sore throat and the two spots on the breast.

The eldest daughter was accustomed to spoon-feed the youngest child, putting the spoonful of pap through her own mouth, in order to test whether or not it was too hot, etc., etc., before introducing it into the mouth of the child. When the whole spoonful was not swallowed by the child, she ate herself what it had left, before replenishing the spoon. Eliza and William, the other two children, were accustomed to receive spoonfulls of pap while the infant was being fed; and they came in generally for what was left on the spoon, after being passed through the child's mouth.

About five months after she first commenced to feed the child—as nearly as the mother can remember—Maryanne, the eldest daughter, complained of sore throat, and shortly afterwards showed her mother the condylomata round the margin of the anus. About three months after the eldest child first complained, the other two children—Eliza and William—also became affected with sore throat and condylomata. None of the children, with the exception of the youngest—who had roseola of the nose and small flat reddish “spots” over the body—had had any skin affection whatever; nor did the three eldest complain of anything except the throat affection and the condylomata.

Biddy M'Veigh (the mother), on being interrogated, stated that she had two children living at home with their father—one a boy, nine years old, and the other a girl, æt. 5. Neither of these children have, up to the present time, shown any symptoms of the disease. The mother states that the boy—who was very “*old fashioned*”—always refused to partake of the pap with which the infant was fed; he considered himself quite man, as he was accustomed to work in the fields with his father. She does not know how the other children escaped the affection. She thinks that the latter did not get any of the infant's food, but is not altogether clear on this latter point.

At the time the sister-in-law gave suck to the child, the mother saw her breast, and there were, in her opinion, neither “sores,” “spots,” nor anything else the matter with it; it was, in short, in her opinion, a healthy enough looking breast. She never heard from any one that there was anything wrong with her sister-in-law's breast. On being questioned, Biddy M'Veigh asserted, in the most positive manner, that her husband never had venereal disease; that he was, in fact, a “*very good living man.*” The husband also supported, with the most solemn assertions, the wife's statement as to his never having had venereal disease.

Biddy M'Veigh is a short, muscular, slightly swarthy woman.

and pretty healthy-looking. She is intelligent, and her statements bear the impress of truth. At present she has been three months pregnant.

The whole family improved steadily under Dr. Maconchy's mercurial treatment, and at the present time (Jan. 5th, 1871) they are so far recovered as to be almost in a condition to leave the Infirmary.

On perusal of the above case, it will be noted that the youngest child became contaminated by a person who, as far as we can learn, had no cracks about the nipple, or excoriations of any other part of her breast, although laboring under constitutional syphilis at the time she gave suck to the child; and (2) That the child communicated syphilis to the mother, who had no abrasion on any part of her breast. That syphilis must have been communicated to the child through the medium of the milk, and the child infected the mother through the medium of the saliva. It will also be noted, that the eldest daughter—who had her mouth more constantly in contact with the spoon by which the child was fed—had more severe symptoms, and an earlier manifestation of the action of the syphilitic virus, than any of the other children; and, lastly, it will be noted, that the virus manifested its presence in all the members of the family, not by a primary sore, but by secondary symptoms.—*Journal of Cutaneous Medicine.*

Abridgments from our Exchanges.

FIBROUS STRICTURE OF THE RECTUM RELIEVED BY INCISIONS AND ELASTIC PRESSURE.—The following case is reported by Wm. R. Whitehead, M.D., of New York, in the *American Journal of Medical Sciences*:

Mrs. P., æt. 38, was married nine years ago, and has been a widow since eight years; no children; one miscarriage at the fourth month; she has never been well since. A year after her marriage she noticed about the labia and anus some sores, which were long in healing, and which appeared successively one after the other. She frequently examined herself with a mirror. The sores finally healed, after persisting several months, and at one time she saw at the anus a crack, which was excessively painful, especially while at stool. Not long after the sores had healed, she was troubled with diarrhœa, and a muco-purulent discharge from the anus. During the last eighteen months this discharge was quite puriform, and at times

escaped involuntarily, and compelled her to wear a napkin to prevent it from soiling her garments. Occasionally she had constipation with pain and flatulent distension of the abdomen, succeeded by diarrhœa and a more copious discharge of pus from the rectum. Her husband once had some trouble about his testes. Mrs. P. presented in her own history no evidences of constitutional syphilis. There were no eruptions on the skin or about the throat. Defecation was usually difficult rather than painful, and the feces were flattened and about the thickness and width of a tapeworm.

The woman was pale, much emaciated, and had an exceedingly despondent look. There were hypertrophic masses of skin about the anus. The rectal touch revealed the presence of a very tight stricture just above the sphincter ani muscle, and about two inches from the anus. The first joint of the index-finger could only partially enter the stricture, causing great pain. As measured with the little finger, the stricture was conical, and about three-quarters of an inch in length. On different days several attempts at dilatation were ineffectually made, causing much pain. On the 20th of August the patient was etherized, placed in the "semi-prone" position, and the large blade of Sims' duck-bill speculum was hooked into the posterior segment of the sphincter ani muscle, which was forcibly retracted, and the speculum confided to an aid. The anterior part of the anus was depressed with the handle of a pair of scissors. This dilatation of the sphincter ani muscle gave an excellent view of the stricture, which was tightly closed, and the shining fibrous borders of its lower orifice presented only a transverse linear depression. I cut the stricture, deeply and thoroughly, in the middle line, both posteriorly and in front, with a pair of stout, straight, and sharp-pointed scissors. The large blade of Sims' speculum, which measures $1\frac{1}{2}$ of an inch in width, was really moved past the stricture. The hemorrhage which followed in the very free incisions was moderately profuse for a while, but soon ceased after some clots of blood were removed from the rectum and bits of ice applied to the bleeding surface. Every precaution was previously taken to avoid excessive hemorrhage, and the incisions were conducted with a due regard to the thickness of the recto-vaginal septum. The rectum was largely dilated so as to afford a good view of nearly the whole of its interior. This satisfactory exploration of the rectum was effected by the aid of Sims' speculum, which was held by my clinical assistant, Dr. Francis M. Deems, so as to very forcibly retract the posterior part of the sphincter muscle. A sponge about the size of a small orange, and secured to a string, was pushed up the rectum as high as the sigmoid flexure, and by distending the gut, aided the exploration, and at the same time afforded security against an undesirable "debacle" from above. The following suppository was left in the rectum: $\mathcal{R}$ Pulv. opii. gr. iss; ext. belladon. gr. $\frac{1}{3}$; olei theobromæ, q. s. Some brandy and a glass of milk-punch were given to the patient. She was left on the operat-

ing table a few hours, and afterwards walked home with the aid of her sister.

August 21.—Slept well during the night; she had one very large evacuation from her bowels, followed by several smaller ones. Ordered beef tea and milk-punch.

22d. 11 o'clock A.M.—She felt chilly early this morning; and slightly feverish; appetite impaired; diarrhœa. Passed No. 11 rectal bougie, then a bivalve speculum, the blades of which were separated $1\frac{3}{4}$ inch at their extremities. *This dilatation caused considerable pain and gave me some apprehension.* Tinct. cinch. co. $\mathfrak{z}$ ss, ter die.

23d. 12.30 P.M.—Skin hot and dry; pulse 160 and small; no appetite; tongue dry, and great thirst; diarrhœa; complains of internal heat. $\mathcal{R}$ Morphiæ sulphatis, gr. ij; spt. æther nitros. $\mathfrak{z}$ ss; aquæ, $\mathfrak{z}$ iss.—M. Teaspoonful every three hours. The rectum was syringed out with tepid water containing carbolic acid in the proportion of one drachm of acid to a quart of water. Within four hours after the first injection the pulse fell to 120; within ten minutes after the injection the patient felt much relieved. Beef-tea and milk-punch continued. Injections repeated.

24th. 11.30 A.M.—Skin moist, pulse 108; appetite improving. During the afternoon the pulse was 100. Condition very favorable. Carbolic injections in the rectum, washing it out thoroughly several times during the day.

25th.—Diarrhœa profuse. $\mathcal{R}$ Pulv. Doveri, gr. xv; bismuth subnitratiss $\mathfrak{z}$ j; divided into six powders; one after each movement of the bowels. Milk-punch and beef-tea continued.

September 6.—She came to the dispensary and had a No. 12 rectal bougie passed into the rectum. The bougie was afterwards passed somewhat irregularly, and sometimes caused considerable pain, followed by fever.

I was much dissatisfied with the ordinary rectal bougies in use by surgeons, and was apprehensive lest I should perforate the soft and ulcerated mucous membrane above the stricture. This accident has occurred, and is liable to occur again, in the hands of even the most experienced surgeons who persist in using the rectal bougie.

I thought that possibly Barnes' dilators might be used for keeping the stricture dilated, but they were found to be too stiff, and unsuitable for the rectum. I knew that Bushe had used in the rectum a pig's bladder distended with water, for stopping hemorrhage from this gut after operations on it. I improvised an apparatus, which I have since much improved, and which consisted originally of what is commonly known as a "condom" or "capote" attached to the short pipe of Davidson's syringe, and provided with a stop-cock. At first I used gut condoms, but have since substituted for them rubber capotes, which are better. They dilate the stricture without pain when slowly distended with warm water, and are toler-

ated by the rectum for hours without discomfort. If, however, the sphincter ani muscle is too much pressed on laterally by the lower part of the distended capote, there will be an effort to expel it. To obviate this occurrence, the pipe of the apparatus which is embraced by the sphincter should be at least one inch and a-quarter in length. Because there should be on the outside a smooth rubber flange to prevent the pipe from being drawn too far into the rectum.

October 10.—The health of Mrs. P. has improved in a most remarkable manner; she has large natural passages without pain or difficulty; she has gained much flesh, is quite cheerful, and profuse with her expressions of gratitude. The elastic dilatation is used about three times a week.

SKIMMED MILK AS A DIET IN DISEASE.—Dr. S. Weir Mitchell writes that he has good success with this treatment in gastric disorders, diarrhœa, malarious and renal dropsies, and nervous maladies. He uses the milk as free as possible from cream, and prefers to have it stand in a well-chilled refrigerator for twenty-four hours. It is given at any temperature the patient likes, and when nausea is marked, a little lime water is added. The quantity given is at first only one or two tablespoonfuls every two hours; this is increased each day until sixteen ounces are given, each day; then the intervals are lengthened so that this quantity is taken in a less number of doses. After three weeks of absolute milk diet, a thin slice of stale bread each day is allowed; after another week, rice once a-day is added, and, later, a chop, and finally a steak; then a gradual return is made to a diet mostly of milk, which is kept up for some months.

At first the patients lose in weight, but after a few weeks they begin to gain and slowly come back to their original weight. The urine may be passed frequently at first, but after a few days, no trouble is experienced from this source. The tongue is usually for a time coated with a white fur, but this disappears in a few weeks. The bowels are almost always constipated during the treatment, and it is sometimes very difficult to secure regular alvine evacuations. The pulse is quickened by the diet until sufficient milk is taken each day to prevent any loss in weight, when it falls to its normal rapidity. There is, with most patients, for a few days, an intense sleepiness, but this is of no consequence.

There is always an intense craving for other foods, which makes it very difficult to keep patients with little fortitude steadily upon the milk-diet; this is the greatest obstacle to the success of the treatment; with many patients it is one prolonged struggle, even after some other food is allowed.

He has found more beneficial effects from this treatment in stomachal disorders than any other. A case is related of a lad whose stomach became so irritated and irritable that he could retain no food, and he was vomiting away. On the milk-diet he rapidly re-

covered. Another is told of a woman, whose dyspepsia, frequent vomiting, and almost constant suffering, was fast wearing her out. Alkalies, tonics, stimulants, acids, pepsin, bismuth, and arsenic were used in vain. She improved rapidly under the milk-diet; but her disgust for it was unconquerable, and constipation was so obstinate that it had to be given up. One case is related of frequent attacks of inflammation in the ileo-cæcal region of the intestine, with sallow skin, which was relieved by this treatment.—*Medical Times*.

ARTHUR SCOTT DUNCAN, M.D., also records in the *Richmond and Louisville Medical Journal* several cases of diabetes mellitus, Bright's disease, disease of the supro-renal capsules, fatty degeneration, etc., successfully treated by the milk-diet.

"In one case of Bright's disease the patient had become enormously œdematous and ascetic; the urine was scanty, highly albuminous, and had a specific gravity of 1010. There were found abundant fatty and hyaline tube-casts. The patient was suffering from cephalagia, nasia, and his countenance was pale, pasty and puffy.

Five pints of skimmed milk was ordered to be taken in divided doses each day; all other articles of diet were prohibited. A diuretic was likewise ordered, composed of twenty grains acetate of potash and twenty minims tincture of digitalis, to be taken three times a-day. This course was pursued for a fortnight, when all traces of albumen in the urine had disappeared, and there was not a trace of dropsy left; neither did any again return. The daily quantity of urine, which had been, before commencing the treatment, five pints, was now reduced to three pints, but its density had increased to 1015.

At this point the diuretic was left off, the milk continued, and a moderate quantity of brown bread allowed at each meal. A tonic of sulphate of quinine and sulphate of iron was ordered. In a month he was dismissed, cured. In six months there had been no reappearance of the disease.

In a second case, the patient's condition was very much like the first, only perhaps worse. Exactly the same treatment was prescribed as with the former patient. The improvement was prompt and positive.

But on eating clandestinely of starchy food far beyond the amount allowed, he had a relapse, which brought back his disease with increased severity. When the exclusive milk-diet was again resorted to, the patient went on to complete recovery, to all appearances.

The first effect of skimmed milk, taken to the extent of five or seven pints daily, is to cause a powerful diuretic effect; the effect of the profusion of water is to flush the uriniferous tubules, and wash out the material that blocks them up. This relieves the pressure on the secondary capillaries, more and more blood flows through them,

and the congestion of the capillaries within the malpighian tufts is removed, and less and less albumen transudes through their walls. While this beneficial change is going on, healthy epithelium is developed in the tubules which secrete the urinary excrement from the blood.

Milk is superior to other diuretics, because while it removes a large amount of water from the blood, it renews the supply of albumen in this fluid by the amount of this element which is contained in its substance, restoring a healthy condition of the blood, and preventing a return of the dropsy.

AMPUTATION AT THE HIP-JOINT.—Dr. Edwin Powell reports a case of this operation for chronic inflammation of the hip and knee-joints, with recovery. The patient had been for two years a sufferer from the affection of the joints, which, with occasional periods of improvement, had grown steadily worse, so that at the time of operation he was much emaciated, and was compelled to take ten grains of morphine daily to get relief.

The antero-posterior-flap operation was the one resorted to; the shock was very great, yet after reaction the patient began to improve and went on to complete recovery, so far as the amputation was concerned.

An attack from phthisis pulmonalis supervened, from which the patient died ten months after the operation.—*Transactions Ill. State Medical Society.*

INFLAMMATION OF THE MASTOID PROCESS, complicating inflammation of the middle ear, Prof. Roosa does not think receives sufficient attention from the profession. Such an affection is a very serious disorder, and its early diagnosis becomes a matter of much moment; a delay in this allows the extension of the disease to the brain through the foramina that transmit the branches of the meningeal artery. He is in the habit, whenever there is deep-seated pain referred to the cavity of the tympanum, which is not relieved promptly by leeching and the warm douche, of regarding the case as an inflammation of the mastoid, and of making free incision into the parts, through the integument and periosteum. Experience shows that there is no danger in this procedure, while its neglect is often fatal. He resorts to the operation whenever there is pain, or tenderness, or swelling in the mastoid itself; especially when there is any reason to suspect caries of the bone, should an explorative incision be made. After such an incision, and the bone is found to be diseased, it should be perforated; this should be done when there is good reason to think there is pus in the mastoid cells which cannot find exit elsewhere. The mastoid should be perforated in case of supuration of long standing with frequent and painful exacerbations.—*Medical Record.*

Book Notices.

The Change of Life in Health and Disease. A Practical Treatise on the Nervous and Other Affections Incidental to Women at the Decline of Life. By Edward John Tilt, M.D. From the third London edition. Lindsay & Blakiston, Publishers, Philadelphia. For sale by S. C. Griggs & Co., Chicago.

This is a volume of 287 pages, comprising twelve chapters. The first five are an introductory, one on the physiology of the change of life, one on its pathology, one on its therapeutics, and one on its hygienics. Then follow chapters which treat consecutively of the diseases of the digestive organs, and of the skin; the tenth treats of the diseases of the ganlionic nervous system, and the eleventh, of the cerebro-spinal affections; and the concluding chapter is miscellaneous.

Additional value is given to the volume by numerous interesting tables, which exhibit various physiological and pathological facts in a clear and definite manner. As a work containing a large amount of valuable practical information upon a subject not very generally understood, we cordially recommend it to the profession.

A Treatise on the Chronic Inflammations and Displacements of the Unimpregnated Uterus. By Wm. H. Byford, A.M., M.D. Second edition, revised and enlarged. Philadelphia: Lindsay & Blakiston, Publishers. S. C. Griggs & Co., Chicago.

This little work comprises fifteen chapters, devoted to the consideration of the following subjects: Sympathetic accompaniments of uterine disease, local symptoms, etiology, prognosis, complications of inflammation of cirvex, position of inflammation, progress and terminations, diagnosis, general treatment, local treatment, nitrate of silver and its substitutes, treatment of sub-mucous inflammation, displacements—their philosophy and treatment.

Reports of several interesting cases are given in an appendix.

The first edition of the work received the commendation of the medical press, and its rapid sale is sufficient evidence of the approval of the profession generally. The present edition is much improved in matter and style.

The Journal of the Gynæcological Society of Boston, a Monthly Journal devoted to the Advancement of the Knowledge of the Diseases of Women. Edited by Winslow Lewis, M.D., Horatio R. Storer, M.D., and George H. Bixby, M.D. Vol. III, July to January, 1870. For sale by Western News Co., Chicago. Price, \$2.50.

We have fully commended the preceeding volumes of this journal, and, in glancing over the present one, we find very much of great value to the practitioner. It is edited with much energy and spirit.

Editorial.

IN the *American Journal of Obstetrics* for February, 1871, is an article on the introduction of sutures into the uterus after Cæsarian section, by Charles F. Rodenstein, M.D., of Westchester, N. Y., in which the following statement is made in regard to the rate of mortality of the mothers from that operation: "Lately I have had occasion to make the Cæsarian operation a subject of special study. I have collected the records of over four hundred cases, which have been operated on since the beginning of this century; of these about 43 per cent. have terminated fatally to the mother. I have examined especially the history of the fatal cases with reference to the causes of death. In a number of cases death was the result of intercurrent affections, which stood in no direct relationship to the operation itself; a certain number died from exhaustion; contrary to what might be expected, the proportion of deaths from hemorrhage and peritonitis is very small. Some, doubtless, died of mismanagement, either during the operation or in the after-treatment;

but in the majority of cases the causes and manner of death is not yet fully understood." There is a liability of error in the conclusions drawn from any statistics or reports of cases that can be gathered together, arising from the fact that the successful cases are so much more generally reported than the fatal cases. Some good obstetrical authorities still claim that the Cæsarian operation is almost universally and necessarily fatal to the mother, and that its performance is never justifiable except as a last resort. Prof. Bedford, however, in his work on obstetrics, gives statistics showing a rate of mortality in this operation of 1 in $2\frac{1}{3}$ of the mothers, which is almost exactly the same rate as that deduced by the present writer. Prof. Bedford also says, further, that he is quite confident "if the alternative of Cæsarian section was more opportunely resorted to; if, in a word, the same principle of prudence should obtain in reference to it which we find to constitute the rule of action in all capital operations, the result would be vastly different, and I have no hesitation in saying that under these favorable circumstances, the Cæsarian operation would not only prove to be infinitely less destructive to human life than craniotomy, but that it would soon take its rightful place as a just expedient in the lying-in chamber.

The evidence in demonstration of the soundness of this opinion seems to me to be entirely satisfactory; for, in addition to other proofs, we have the strong corroborative testimony furnished by those examples in which the Cæsarian operation has been performed several times on the same woman with success to both mother and child; and in these cases, it is fairly to be presumed that, at least, if not the first operation, the subsequent ones were undertaken opportunely before the strength of the mother had become exhausted by antecedent and protracted effort."

In reference to the introduction of sutures into the uterus in the operation, the writer in the *Journal of Obstetrics* goes on to say: "In examining the record of *post mortem* appearances, I was struck with the frequency of such statements as these: The 'uterus was found open'; 'the edges of the wound gaped'; 'the uterine incision did not close.'

In the histories of repeated Cæsarian section there is generally mention made of the condition of the previous uterine wound, and the manner in which it healed. And there also we find comparatively few cases in which the incision did fairly heal per prima or by cicatrization.

In some instances the edges of the wound were agglutinated to the abdominal walls; in other cases the gap was only closed by the peritoneal covering. And yet it is a universal observation that the womb does contract firmly, as a general thing, as soon as it is emptied of its contents, as well after a Cæsarian section as after any other delivery. And in the very accounts of the operations, which preceded the autopsies and the repeated Cæsarian sections, to which I refer, we read that the uterus did close before the operator proceeded to unite the abdominal wound. There must therefore be a period after the operation when the uterine wound is liable to open again.

It is not difficult to conceive how this may occur. We need only recollect that in delivery by Cæsarian section the os uteri has not been dilated to the same extent as in a birth per via naturales; that frequently immediately afterwards it is found closed; and that when the womb contracts upon the puerpural discharges, it is as easy for the uterine incision as for the natural outlet, to open for their exit.

The occurrence of this accident explains in part the mode of death in which many Cæsarian sections terminate. Many cases promised to do well at first, when sudden collapse—as sometimes happens in rupture of the uterus—ended the patient's life. Others die with symptoms of intestinal obstruction; and here an incarceration of a knuckle of intestines in the uterine wound may have taken place.

By closing the wound with sutures the danger of such unfortunate occurrences may be prevented. In a Cæsarian section, which I witnessed at Guy's Hospital in 1867, the wound did contract firmly after the extraction, and a speedy recovery of the patient was confidently expected; but in the transactions of the Obstetrical Society of London I find a report of her death from peritonitis, produced by discharges from the womb, which,

as the autopsy proved, had opened again. And Braxton Hicks, who operated on that occasion, says: 'I cannot but help thinking that, had the uterine wound been closed in this case, many of the most serious complications would not have occurred.'

The seven cases in which sutures were introduced, were certainly among those of most unfavorable prognosis. Yet four were successful. In one fatal case, the sutures gave way, and the wound was found open; in another the sutures were purposely removed; and in the third, if the application of sutures did not save the life of the patient, it was at least the successful means of stopping an immense hemorrhage when all other measures had failed.

From the foregoing facts, I think the following conclusion may be legitimately drawn:

1st. The introduction of sutures is positively indicated when the uterine wound is not closed by the contractions of the womb.

2d. The closing of the uterine wound by sutures does not interfere with the success of the Cæsarian section.

3d. The application of uterine sutures after every Cæsarian section, will probably diminish the rate of mortality attending that operation.

MEDICAL LEGISLATION.—We think two or three bills have been presented to the Legislature of this State during its present session, purporting to "Regulate the Practice of Medicine and Surgery," in Illinois. The leading feature of these bills appears to be the establishment of some method by which it shall be ascertained that those who propose to enter upon the practice of medicine have received, at least, a respectable medical education, without attempting to discriminate between one pathy and another. One of these bills provides for the appointment of a board of censors in each county, by the probate or county judge, and the details of the other we have not seen. Twenty years since, we had occasion to examine the history of medical legislation in this country, with some degree of care, and the idea was strongly impressed upon us that there was

little hope for permanently useful results from any legislation on the subject of medical practice. There is no doubt but the community sadly need protection from the enormous amount of imposition that is constantly being practised upon the afflicted, under the pretense of treating and curing disease.

But the appointment of boards of censors in every county, by judges who know no more about medicine or the qualifications of physicians, than any other intelligent members of the community, would be worse than useless.

To establish boards of censors in any way, and require such boards to recognize a college diploma as sufficient evidence of qualification to practice would defeat one of the most important objects in view. The number and variety of institutions called medical colleges, and the facility with which diplomas can be obtained from some of them, renders the mere possession of such a document no evidence of respectable attainments either in medicine or general science. For instance, we have in this city two regular medical colleges, one Homœopathic, one Eclectic, and what is represented on the sign-boards, as a *branch* of the Edinburgh University.

The latter is probably a simple agency for selling diplomas. The Eclectic establishment holds two college terms each year, of three or four months duration, and confers degrees at the end of each; thus enabling any man or woman to attend all the college terms required, and get the diploma in the short space of *eight* consecutive months. Similar facilities for obtaining the coveted diploma exist in all parts of the country. Hence we make no false accusation when we say that the possession of what purports to be a medical college diploma, is no positive evidence of a respectable medical education.

If the members of the Legislature desire to protect the people against the constant impositions practised on them by men and women under the name of *doctor*, let them enact a law providing, 1st, for the establishment of a single State Board of Examiners, whose duty it shall be to meet semi-annually and actually examine *all* persons who desire to enter upon the practice of medicine in this State, who do not hold a license from a similar

board in another State, and to issue licenses to such only as they find properly qualified in all the departments of the science and art of medicine, whether they have college diplomas or not.

Such State Board of Examiners should be appointed by the Governor, on recommendation of the colleges and State societies, as follows: Every medical college organized under the laws of the State, having not less than *nine* active professors, an annual college term of not less than *five* months, and a curriculum embracing all the branches of study recommended by the Convention of College Delegates in Cincinnati, in May, 1867, should have the privilege of nominating one member of the Board, and every State medical society, organized for the advancement of the interests of medical science, and having an active membership, resident in the State, of not less than fifty practitioners, should have the privilege of nominating one member of the Board for every thirty of its resident members; the nominations to be made annually, and sent to the Governor on or before the 1st day of July in each year.

A majority of the Board so appointed should constitute a quorum for the transaction of business. They should keep a permanent record of their proceedings and examinations; and should admit no candidate to an examination for license, who did not present satisfactory evidence of having attained the age of 21 years; of having a good general education; of having studied medicine three full years, at least *one* of which should have been in some medical college with which was connected good facilities for hospital clinical instruction.

2d. After a given period, perhaps six months after the passage of the law and the appointment of the Board of Examiners, no person should be allowed to *commence* the practice of medicine in any of its departments in this State without a license from the State Board of Examiners, or from a board with similar powers in some other State. Every violation of this section of the law should subject the person committing the violation to a fine of not less than \$50.00, nor more than \$100.00, for each offence, to be recovered in any court in this State.

Such provisions properly carried out, would in the future

secure to the community a respectably educated supply of physicians and surgeons, and effectually prevent the larger part of the impositions and quackery that are now so prevalent everywhere. A board of examiners constituted in the manner proposed, would also greatly encourage the maintenance of efficient State medical societies, and those colleges that actually possessed such organization and hospital connections as render them capable of giving full and thorough instruction in all departments of medicine; while they would equally discourage the multiplication of schools with incomplete organizations and inadequate facilities for instruction, and whose chief aim seems to be, to confer as many diplomas as possible, after the smallest requirements as to time of study and actual attainments.

The plan here proposed makes no discrimination in regard to *pathys* and *isms*. If a Homœopathic State Medical Society existed with the required number of resident members, it could nominate its pro rata number of candidates for appointment in the examining board. If a Homœopathic or Eclectic Medical College existed with the required organization and facilities for instruction, it could nominate its candidate for appointment as member of the board. Hence there could be no just opposition to such a law on the ground of monopoly or invidious distinction. It could be consistently supported by every individual who desired to secure to the community an educated and intelligent medical profession. If a majority of the board should be from the societies and colleges of the regular profession, it would be simply because such regular profession, in its schools and membership of its society, would greatly outnumber all the others.

We are aware that such a law, providing a State Board in which might be found some representatives of Homœopathic and Eclectic institutions, would meet, at least for a time, the severe censure of a large part of the regular profession. But after bestowing upon the subject much thought, we are fully satisfied of two things:

1st. That in this country, no law of any value regulating the practice of medicine can be maintained on the statute books of

several States and rendered operative, which proposes to restrict the practice of medicine *exclusively* to those educated and licensed by the schools and societies of what is known as the regular profession. Consequently, the community must continue to support an army of pretenders, ignoramuses, etc., as at present, or the regular profession must consent to the establishment of such a *representative* board as will command the support of the more intelligent part of those who have become identified with some special system.

2d. That the practical working of such a board as here proposed, if the regular profession would give it a hearty support, would result in speedily breaking down the artificial and fictitious pretensions of all the special pathys and isms, that now delude the public with the idea of *new school* and old school, etc.

The bringing of all students of every name, before the same board, the exaction of the same amount of knowledge of the wide range of branches collateral to practical medicine proper, and the consequent comparison of true medical science with theoretical fancies, which would occur in the examinations, would inevitably break down the main props on which all the present pretended special systems of medicine rest. Such a board would in no respect necessitate any alteration of the present ethical rules of the profession. If a man obtaining his license choose to practice under the name of Homœopath or Eclectic there would be no more obligation to recognize him, in society or consultation, than at present. Every day men are found practising under these titles who have graduated at regular schools, yet no one regards the latter fact as imposing any obligation on the regular profession to recognize them as physicians in the ordinary relations of professional intercourse.

CHICAGO MEDICAL COLLEGE COMMENCEMENT EXERCISES.—The exercises belonging to the public commencement of this institution were held on Monday and Tuesday, March 13th and 14th, in the lecture-room of the college.

At two o'clock P.M., on Monday, the class assembled in the lecture-room, and the candidates for graduation were subjected

to a public examination on the branches belonging to the senior course.

Excellent theses were also read by E. J. Clark, J. T. Everett, and A. J. Smith.

On Tuesday, at 2½ P.M., the lecture-room was closely filled with an audience of gentlemen and ladies.

E. O. Haven, D.D., President of the Northwestern University presided, and, after music, opened the exercises with prayer.

The Dean of the Medical Faculty distributed the certificates of examination to the junior and middle-course students, accompanied by appropriate remarks. The Professor of Clinical Surgery delivered special certificates to such members of the senior class as had served as dressers or assistants in the hospital. The report of the committee appointed to examine the theses presented by the candidates for graduation, announced the award of the prize for the best thesis to Daniel Lichty; for the second best to Frank H. Davis, and made honorable mention of one by N. L. Kean.

The President of the University then conferred the degree of Doctor of Medicine on the following named gentlemen, accompanying the same with highly appropriate remarks:

David Henderson Alvis; Wilbur Parsons Buck; Amasa Franklin Chandler; Elbert Judson Clark; Harlan Page Cole; Frank Howard Davis; Joseph Warren Dysart; John Turner Everett; Josiah Wright Ghrist; Norman Louis Kean; Daniel Lichty; George Edwin Lord; Liston Homer Montgomery; Orrin William Moore; Anson Smith Munsell; John James Rousseau; Jacob Schneck; Andrew Jackson Smith; Theodore F. Stair; Alfred Swanson; J. Seymour Taylor; Daniel Ellsworth Tnayer; Robert Thomas Williams; Henry Wilcox Westover.

Ad Eundem Degrees.—Chas. Badger, M.D.; O. W. Blanchard, M.D.; George Mathias Bell, M.D.; John G. Frank, M.D.

Honorary Degrees.—J. J. Clemmer; R. George English.

Daniel Lichty, in behalf of the graduating class, responded to the remarks of the President, in a most appropriate and elegantly-expressed address. After some excellent music by the

club, R. N. Isham, Professor of Surgical Anatomy and Operations of Surgery, delivered the formal Valedictory Address, which was listened to by the class and audience with great pleasure and profit. Music and benediction closed the exercises of the twelfth annual commencement of this College.

An elegant social entertainment, in honor of the graduating class, was given in the evening, at the residence of Prof. E. Andrews.

The college term just closed has been a highly satisfactory and prosperous one. While the classes in most of the medical colleges throughout the country, have diminished in number as compared with former years, there has been a decided increase here, especially in the junior and middle divisions of the class. Such a result in connection with the long lecture term; the graded classes; the annual examinations; and the ample hospital clinical facilities, is particularly gratifying to those who earnestly desire to see the whole system of medical education in this country placed on a broader basis, and reduced to a more systematic order.

AMERICAN MEDICAL ASSOCIATION.—Arrangements have been completed with the Northwestern and Union Pacific Railroads to carry members of the profession who desire to attend the annual meeting of the American Medical Association, on the 2d day of May, 1871, in San Francisco, from Chicago to Omaha and back for \$24.00, and from Omaha to San Francisco and back for \$125.00, making \$149.00 for the round trip from this place.

Tickets can be purchased at any time after the 15th of April, and will be good for sixty days from date of purchase.

Physicians can take members of their own families with them at the same rates. Tickets from Chicago to Omaha and back can be purchased at the ticket-office, 125 Lake Street, *only*. From Omaha to San Francisco and back at the office in Omaha. But all applicants for commutation tickets will be required to show certificates that they are to be recognized as actual members of the San Francisco meeting. Consequently, all in the

Northwest who intend to go, had better send to me, without delay, their names and address, with the names of such members of their families as they desire to take with them.

N. S. DAVIS,

Local Committee on Railroads,
797 Wabash Avenue, Chicago, Ill.

ILLINOIS STATE MEDICAL SOCIETY.—The next annual meeting of this Society will be held in Peoria, on the *third Tuesday* in May. The meeting will be one of much interest, and we hope every part of the State will be represented. A full statement of the programme will doubtless be furnished by the Society in time for our next issue.

SUMMER COURSE OF MEDICAL INSTRUCTION.—The regular summer course of instruction in the Chicago Medical College, Medical Department of Northwestern University, will commence on Monday, April 3, 1871. It consists of daily clinical instruction in the hospital and dispensary, and two lectures per day by members of the faculty. It is free to all regular matriculates of the College.

THE Executive Committee of the Alumni Association of the Medical Department of the University of the City of New York propose the publication, at the earliest possible date, of a complete catalogue of the graduates from that institution since its foundation. The records of the Faculty having been destroyed in the burning of the college building some years ago, this project is one that should be seconded by every one of the alumni, of whom between two and three thousand are scattered throughout the United States. It is earnestly requested that each of these will without delay forward for enrolment his full name and post office address, with his professional history, including date of graduation, posts of honor and trust held, etc., and also any information which he may possess concerning former classmates who have since died or retired from practice. Communications should be addressed to the Secretary, Charles Inslee Pardee, M.D., 72 West 35th Street, New York.

POSTPONEMENT.—The second-half of the paper on "Alcohol and Tobacco" is deferred until the May number.

REMOVAL.—The old and well-known drug store of Bliss & Sharp, formerly J. H. Reed & Co., so long kept at 144 Lake Street, has been removed to 105 State Street; where their friends will find them with their usual full assortment of Drugs, Chemicals and Surgical Instruments. In their new store one entire floor is devoted to the display of Surgical Instruments, of which they have the largest stock in the West.

AN OPERATION FOR THE CURE OF OBSTRUCTIVE DYSMENORRŒA.—Prof. T. G. Thomas (*Medical and Surgical Reporter*) in a case of this affection, the obstruction being at the external os which barely admitted a fine probe, removed with a bistoury a small ring of cervical tissue from about the os. He speaks of the operation as devoid of danger.

DIGITALIS LEAVES IN ORCHITIS.—Dr. Besnier advises a concentrated infusion of the above leaves applied to the scrotum in orchitis and hydrocele. Dr. Given recommends elsewhere in this journal a somewhat similar treatment of orchitis.—*American Practitioner*.

CHRONIC CATARRH.—The tincture of aconite in five-drop doses every four hours has cured this troublesome symptom when the ordinary remedies have failed.—*Medical Archives*.

TO DISGUISE THE TASTE OF COD-LIVER OIL.—Dr. A. S. Hudson states (*Pacific Medical and Surgical Journal*) that tr. of gum guaiacum half an ounce, and essence of gaultheria one drachm, added to one pint of cod-liver oil, wholly covers the taste of the oil.

DEATH FROM CHLOROFORM.—Dr. Hughes Bennett stated, at a late meeting of the British Association, that "he knew of one very sad case that had happened in Edinburgh. A young and beautiful lady, daughter of a barrister, in perfect health, went to a dentist's house one morning, and had a tooth extracted. Five minutes afterwards she was dead. That was only one of many similar cases that had occurred, but had never been published."—*British Medical Journal*.

MORTALITY FOR THE MONTH OF FEBRUARY, 1871.

Accidents, drowned	1	Diarrhœa, chronic	2	Liver, abscess of	1
“ brain concussion	2	“ following child-	3	Lungs, congestion of	8
“ burns	1	“ birth	1	“ hemorrhage of	1
“ crushed	1	“ & complications	1	“ paralysis of	1
“ fracture of skull	1	Diphtheria	10	Manslaughter	1
“ burned by gasoline	1	Dropsy general	3	Measles	5
“ railroad	4	Dysentery	2	“ and complications	1
Anæmia	1	Enteritis	9	Metroperitonitis	1
Anasarca	1	Epilepsy	1	Meningitis	4
Apoplexy	5	Erysipelas	5	“ cerebro spinal	4
Asphyxia	1	Exposure	1	“ tubercular	3
Asthma	1	Fever intermittent	1	Old age	11
Aorta, aneurism of	1	“ congestive	1	Peritonitis	5
Atrophy	1	“ puerperal	2	Peritonitis puerpural	1
Bowels, congestion of	1	“ remittent	1	Pleurisy, chronic	1
Brain, congestion of	6	“ scarlet	3	Pneumonia	35
“ disease of	2	“ & complications	3	“ broncho	4
“ inflammation of	4	“ malignant	3	“ and complications	5
“ softening of	1	“ typhoid	7	“ typhoid	3
Bronchitis	9	Gangrene	1	Pyæmia	1
“ capillary	6	Heart disease	5	Rheumatism	1
Cancer of breast	1	“ dropsy of	2	“ inflammatory	1
“ of rectum	1	“ hypertrophy of	1	Small-pox	2
“ of stomach	4	“ fatty degeneration	1	Sorethroat	1
“ of uterus	1	“ organic disease of	4	Spine, disease of	1
Child-birth	1	“ valvular disease	3	Stomach, perforation of	1
Consumption	46	Hip-disease	1	“ ulcer of	1
Convulsions	41	Hepatitis	2	Stricture and absorb-	
“ epileptic	1	Hydrocephalus	4	tion of urine	1
Croup	18	“ acute	2	Tabes mesenterica	8
“ diphtheritic	3	“ chronic	1	Teething and compli-	
“ membranous	5	Insanity & dysentery	1	cations	1
Cyanosis	1	Inanition	12	Uterus, hemorrhage of	1
Debility, general	2	Jaundice	1	Whooping-cough	2
“ following child-		Kidneys, Bright's dis-		“ & complications	1
“ birth	1	ease of	6		
Deficient development	1	Laryngitis	1	Total	400
Premature births	10	Still births	59	Total	69

AGES.

Under 1	128	10 to 20	15	70 to 80	8
1 to 2	39	20 to 30	42	80 to 90	5
2 to 3	22	30 to 40	44	90 to 100	1
3 to 4		40 to 50	21		
4 to 5	13	50 to 60	28	Total	400
5 to 10	14	60 to 70	11		

Males,	218	Females,	182	Total,	400
Single,	279	Married	121	Total,	400
White,	395	Colored,	5	Total,	400

COMPARISON.

Deaths in Feb., 1871,	400	Deaths in Feb., 1870,	421	Decrease,	21
Deaths in Jan., 1871,			415	Decrease,	51

NATIVITY.

Atlantic Ocean -----		Denmark -----		New Brunswick -----	1
Austria -----	1	England -----	10	Norway -----	7
Bohemia -----	4	France -----		Switzerland -----	2
Canada -----	5	Germany -----	43	Scotland, -----	5
Chicago, Native -----	69	Holland -----	2	Sweden -----	5
Chicago, Foreign -----	135	Ireland -----	38	Wales -----	
U. S., other parts -----	72	Italy -----		Unknown -----	1
					Total, ----- 400

MORTALITY BY WARDS FOR THE MONTH.

Wards.	Mortality.	Wards.	Mortality
1 -----	5	18 -----	18
2 -----	12	19 -----	11
3 -----	16	20 -----	21
4 -----	6	Accidents -----	11
5 -----	21	County Hospital -----	7
6 -----	24	Home for Friendless -----	4
7 -----	14	Hospital Alexian Bros. -----	3
8 -----	36	Foundling Home -----	1
9 -----	33	Manslaughter -----	1
10 -----	15	Protestant Orphan Asylum -----	1
11 -----	14	St. Luke's Hospital -----	1
12 -----	15	Woman's Home -----	1
13 -----	12	Marine Hospital -----	1
14 -----	8	Scammon Hospital -----	1
15 -----	42	St. Joseph Orphan Asylum -----	7
16 -----	17		
17 -----	21		
		Total, -----	400

Mean Thermometer, $30\frac{1}{2}^{\circ}$, Rain, 2,220 inches, Deaths daily, $10\frac{3}{4}$.

MONEY RECEIPTS FROM FEBRUARY 25 TO MARCH 25.—Dr. J. S. Jenks, Plano, Ill., \$3.00; Dr. J. W. Boggis, Coon Rapids, Iowa, 3.00; Dr. Thomas Hamill, Olathe, Kan., 3.00; Dr. J. P. Conont, Prairie du Chien, Wis., 10.00; Dr. C. M. Robertson, Tallula, Ill., 5.00; Dr. G. S. Thomas, City, 6.00; Dr. J. H. Judson, Polo, Ill., 3.00; Dr. J. B. Carr, Munroe, Iowa, 3.00; Dr. H. H. Sloan, City, 3.00; Dr. C. Goodbroke, Clinton, Ill., 10.00; Dr. R. L. Wolston, Paris, Ill., 6.00; Dr. J. M. Laughlin, Montville, Minn., 3.00; Dr. H. B. Wilcox, Three Oaks, Mich., 8.00; Dr. Bond, Johnstown, Wis., 9.00; Dr. J. McMillan, Biggs-ville, Ill., 3.00; Dr. J. T. Everett, City, 3.00; Dr. W. H. Searles, Warsaw, Wis., 3.00; Dr. O. L. McArthur, Rockford, Ill., 18.00; Dr. H. Rodbaugh, Diana, Ill., 3.00.

IN the February number of the *New York Medical Journal* there is reported one case of asphyxia from drowning, and two of phthisis pulmonalis treated by the use of oxygen gas, at the Long Island College Hospital. The writer remarks in regard to these cases:

“The first case is of interest as showing the effects of oxygen

gas as a resuscitating agent in cases of asphyxia, and is, as far as I have seen, the only reported case in which it has been used in asphyxia from drowning. But for its use in the foregoing case, there is not much probability that the patient would have rallied. It will be seen that the patient, from an apparently moribund condition, began immediately to improve on the use of the oxygen gas, until reaction was complete, and, but for the supervening pneumonia, there is no evident reason why complete recovery would not have taken place. In the two remaining cases, the first effect of the oxygen, as will be seen, was to increase the pulse and temperature 'slightly,' for the first three or four days; after that the pulse steadily decreased to its normal standard. The first favorable symptom manifested was an 'increase of appetite'; the assimilative powers of the gas seemed very marked, promoting digestion from the beginning; this was especially shown in the case of McLavy, whose diarrhoea almost entirely disappeared during the second week after commencing the inhalations; gain in flesh following immediately upon the improved appetite and declining diarrhoea. It is a noticeable fact with regard to taking the cod-liver oil, that it disagreed with the patients as long as they were *confined to the house*, and produced nausea and sometimes vomiting, to such an extent that it was necessary to discontinue it for several days; the oxygen, however, supplying, to a certain extent, fresh outdoor air, its exhibition was attended with a steady decrease of the unpleasant symptoms caused by the oil, and when the patients were enabled to spend most of the day out-of-doors, in addition to taking their daily supply of the gas, the effect of the oil was most beneficial. It will be observed that the *weight* is made the criterion of improvement, the increase being steady in both cases, but much more rapid in the case of McLavy than of Yorgo; and it may be well to remark here that the former gave no family history of tuberculosis, being a genuine case of Niemeyer's 'phthisis pulmonalis,' whereas the latter inherited tubercles, having lost several of his immediate family with this disease. The patients very readily learn to inhale the gas after one or two trials. It is taken in a recumbent position, an ordinary respiration alternating with one of the gas. The gas is made in the laboratory of the college adjoining the hospital, under the direction of the house-staff, and at a small expense—averaging only from one and a-half to two cents per gallon."

TREATMENT OF DELIRIUM TREMENS.—Concerning this vexed question, Dr. Murchison says (*London Lancet*), in regard to—

1. *Alcohol.* He allows none, except in cases where there is evidence of fatty heart, or an intermitting pulse, or some special complication, as phthisis. He has never seen any bad consequences from suddenly and completely cutting off the supply of alcohol.

2. *Food.* Mild cases are often cured by good nutriment and abstaining from stimulants; but sleep will not follow this practice in severe cases, while in not a few bad cases there is congestion of the liver and stomach, and food of all kinds is rejected.

3. *Opium.* In many cases opium acts like a charm in speedily putting an end to the disease; while in others it fails entirely in inducing sleep, or may aggravate the symptoms, or even cause convulsions and coma. Is there no explanation of this difference? Is it impossible to say when opium is likely to succeed or not? or must we, from being uncertain of the result, abjure the use of it altogether? He thinks an explanation of the difference is to be found in the state of the kidneys, as indicated by the characters of the urine. Whenever the urine contains albumen as the result of recent congestion, or old disease of the kidneys, opium is almost sure to fail, and even prove injurious; and accordingly it is a good rule never to give opium until an opportunity has been offered to test the urine. But when the urine has been ascertained to be free from albumen, opium may be given without fear, and usually with the best results. It is best to commence with a full dose, and give a smaller dose every three hours afterward until sleep ensues. When the skin is dry, or the patient much excited, combine the opium with antimony in the manner recommended by the late Dr. Graves.

4. *Digitalis* is of undoubted power in the treatment of delirium tremens, and is particularly indicated in cases where the urine is scanty or contains albumen, or where the patient is very excited. He has known it to act most beneficially in cases where opium had failed. The large flow of urine following its use makes it probable that it assists in the removal of deleterious matters from the blood. From fifteen to thirty minims of the tincture may be given with or without carbonate of ammonia, every four hours.

5. *Bromide of Potassium.* In severe cases he has not found it alone of much service in securing sleep, although it has seemed to act beneficially in moderating active delirium or mental excitement.

6. *Hydrate of Chloral* is a remedy for inducing sleep which

is particularly applicable to those cases where opium is contra-indicated. It does not, like opium, interfere with elimination by the kidneys. One caution is necessary with regard to it. Not only in delirium tremens, but in other diseases, the first action of the chloral (like that of an insufficient dose of chloroform) is exciting rather than sedative. You must not on that account infer that it is acting injuriously, for a second dose will often produce the desired sleep. The best way to give it is in doses of half a drachm every two or three hours until sleep results.

CAUTERIZATION IN DIPHTHERIA.—In the 48th *Versammlung Deutsche Naturforscher und Aerzte*, Dr. Schuller stated that he had entirely abandoned cauterization of the pharynx, larynx, or conjunctiva in diphtheria. In numerous cases he had, as a crucial experiment, cauterized only one side of the fauces, and he had always been led to the same conclusions:

1st. That the membrane remained attached longer on the side which he had cauterized than the other.

2d. That even the most energetic application of nitrate of silver failed to arrest the reproduction or to prevent the extension of the membrane.

3d. In some cases serious tumefaction and inflammation of the cervical lymphatics followed the application of the caustic.

In these views he was supported by Ebert, Stiebel, Cohen, Rinecker, and others, who direct the use of small pieces of ice to be constantly allowed to melt in the mouth, and employ a gargle of potass. chlor., alcohol, potass. permang., carbolic acid, etc.—*The Medical Times*.

SYMPATHETIC NERVOUS TROUBLES FROM THE PRESENCE OF A TENIA.—Two cases, mentioned by Dr. Maurin, (in *Sud Medical* No. 5, 1870, and *Lyon Medical*, April 24, 1870), are interesting in this, that they might have given rise to a diagnosis of troubles of the nervous centres.

The first patient was a clerk, aged 42, who for fourteen months had experienced more and more serious illnesses. At first he suffered from dull pains in the epigastrium; these pains, after a while, took on the character of an intense gastralgia, with inexplicable remissions and exacerbations.

A few months afterward he had some vertigo complicating the gastric pain. Finally, for eighteen months past, the gastralgia has yielded, but has been followed by a continued sensation of vertigo, a fixed pain in the nape of the neck and between

the shoulders; sensation of falling forward when the patient walks up or down any incline; sensation of a soft body, like a cushion, under the feet during the walk; fear of an imminent death; sudden inclination to commit suicide.

The second patient was a physician who experienced all the symptoms of a cerebral congestion; cephalalgia, troubles of the intellect, incomplete amnesia, impediment of speech; the patient, being gouty, had fear of a metastasis; but a few articulations of tenia having been passed, the diagnosis was made, and, as in the preceding case, a dose of koussou, by producing the expulsion of a tenia, caused at the same time all his symptoms to disappear.—*New York Medical Journal*.

THORACENTESIS.—Dr. James Cuming, Belfast, Ireland, gives (*Dublin Quarterly*) the following practical rules laid down by Bartels regarding the selection of cases in which thoracentesis is to be performed: "In all cases of simple serous effusion, accompanied by signs of displacement, the operation is requisite if the physical signs show that absorption has not commenced within a moderate time. It is not advisable to operate as long as febrile symptoms are present, unless there be urgent symptoms, such as distinct and considerable embarrassment of the circulation or of the respiration. The entrance of air into the pleural cavity is to be carefully prevented in cases of serous effusion. Purulent effusions are best treated by the establishment of a large fistulous opening, which permits a continuous discharge of the thoracic contents. If these effusions are removed by the trocar they rapidly accumulate afresh and exhaust the patient. If on puncturing the chest an effusion which had been regarded as serous is found to be purulent, it is advisable to remove the trocar and make a pretty large opening at once. The effusion is almost invariably purulent if pleurisy has occurred in connection with pyæmia, puerperal fever, and the like; if a febrile condition continues without any other cause after the effusion has ceased to increase; and is certainly purulent if œdema of the subcutaneous cellular tissue exists on the affected side. If pneumo-thorax coexist with purulent effusion, the operation is indispensable to prevent the contamination of the system by septic fluids. To prevent septic infection it is necessary to cleanse the pleural sac daily, either by injections of water or of a weak solution of common salt, or by insufflation of air. Opening the cavity of the thorax by means of a bistoury is reserved for those cases in which a permanent fistulous opening is required." Dr. C. himself thinks the pneumatic aspirator

(vide *American Practitioner* for August, 1870), possesses advantages over any other instrument for this operation.—*American Practitioner*.

PERFORATING ULCER OF THE BLADDER.—Mr. Lawson Tait narrates (*Lancet*) two instances of *chronic perforating ulcer* of the bladder in the female, which were under the charge of Sir James Y. Simpson, and which were cured by making a urethro-vesico-vaginal fistula. Rokitsky refers to this form of disease under the name of limited perforating ulcer. In anatomical characters, as well as in semeiology, the ulcer closely resembles the perforating ulcer of the stomach, and like it may sometimes prove fatal from perforation occurring and causing peritonitis. The symptoms are intense pain about the neck of the bladder, greatly aggravated by micturition; a few minutes of comparative ease after the bladder is emptied, but the pain steadily increasing with its distension; the urine slightly alkaline, with a small quantity of pus, and in one case having a trace of albumen.

The operation is performed by introducing a grooved staff in the urethra, and slitting up the posterior fourth of the canal, and about an inch of the posterior wall of the bladder. There is no difficulty in getting the fistula to close after the ulcer is healed; the difficulty is to get it to remain open long enough. The object aimed at in this treatment is to put the bladder in a state of complete physiological rest.

[Making a vesico-vaginal fistula in cases of obstinate cystitis is a practice that we believe to have been original with our distinguished countryman, Dr. Thos. A. Emmett. Mr. Tait does not give the date of Prof. Simpson's first operation, nor do we know that of Dr. Emmet's; so that the question of priority is uncertain.—*Eds. American Practitioner*.]

RULES IN OPERATING ON THE TONGUE.—Dr. Gurdon Buck gives the following directions (*Medical Record*) to be observed in operating for hypertrophy of this organ: A strong ligature traversing the tongue far back controls it and prevents retraction. Patient's head, resting against assistant's breast, is fixed by a hand on each side, and the forefingers retracting the angles of the mouth. The two other assistants, one on each side, draw the tongue forward by the ligature. The operator grasps the tongue laterally with the vulsellum, thus diminishing its breadth and increasing its thickness. He then with a long-bladed straight knife transfixes it far back within the mouth,

midway between its upper and lower surfaces, and cutting forward and downward forms the inferior flap. The superior flap is formed in the reverse direction. Applying the middle of the edge of the knife to the upper surface of the tongue, opposite to the end of the flap just formed, so that they shall be of equal length, he cuts backward and downward, and terminates this section where the first began. The tongue during the action of the knife being compressed laterally, the extremities of the flaps will be rounded and will correspond to each other. The tongue being under perfect control by means of the ligature traversing it, the bleeding arteries may be secured with almost the same facility as after the amputation of a limb. The flaps are to be approximated and secured with sutures in the usual manner. An important advantage of this method is that the frænum linguæ, not being involved in the section of the tongue, continues to perform its office undisturbed.—*American Practitioner.*

SPONTANEOUS ORIGIN OF ENTERIC FEVER.—Dr. Charles E. Pryor, in the *London Lancet*, for December, undertakes to prove, by an ingenious and able argument, that enteric, or typhoid fever, is strictly contagious, and belongs, in point of fact, to the contagious exantheams. If he were to spend a few years in California, he might elaborate an argument more plausible and conclusive, to prove the very opposite, based on the history of the disease on this coast. We append his several conclusions, some of which have our hearty assent:

1. Spontaneous generation of plants and animals is a figment which is constantly receding as means of observation extend and improve.

2. Spontaneous generation of parasitical diseases is a figment.

3. The exanthemata may be a low form of fungoid life.

4. Smallpox, a contagious exanthem, is proved by indisputable negative testimony to be incapable of spontaneous generation.

5. Several other contagious exanthemata can not originate spontaneously.

6. Enteric fever is a contagious exanthem.

7. Febrile diseases of local origin are not contagious.

8. Experiment* gives strong evidence against the spontaneous origin of enteric fever.

9. Observation, as usually conducted, is a treacherous and insufficient test of the origin of febrile diseases.—*Pacific Medical Journal.*

* That is the only kind of experiment which is permissible.

ALBUMINURIC RETINITIS.—Dr. Argyll Robertson, on this subject, read (*Edinburgh Medical Journal*) a paper before the Edinburgh Medico-Chirurgical Society. He states this to be a fatty degeneration consequent upon inflammatory exudation; it was a late and not an early symptom of albuminuria. The amaurosis of pregnant women might depend on simple retinitis, on atrophy, or on anæmia of the optic nerve; or it might be associated with albuminuria, and then its chief importance is in reference to prognosis. According to Dr. Grainger Stewart this form of retinitis is generally found associated with contracting kidney, rarely with waxy degeneration. Prof. Bennett spoke of the important part which fatty degeneration played in pregnant and parturient women, the mode in which hypertrophied uterine tissue was removed, and also that by which the mammary secretion was prepared and elaborated. It was not surprising that interference with excretory functions should lead to fatty transformations of tissue.—*American Practitioner*.

INTRACRANIAL ABSCESS CURED BY TREPHINING.—Prof. N. R. Smith narrates (*Baltimore Medical Journal*) a case of this kind. The subject had received, twenty years before, an injury upon the left parietal bone from a sharp stone. Inflammation of the pericranium followed, resulting in suppuration and detachment; then necrosis and discharge of a small sequestrum, involving both tables. A permanent fistulous opening remained. His general health remained good; occasional vertigo and pain in the head, especially when the discharge was impeded. Upon introducing a probe it passed fully two inches and a-half before reaching the membrane of the brain, and an abscess was traced out almost co-extensive with the parietal bone. The bone was thickened and of ivory hardness. A trephine seven-eighths of an inch was used; on the removal of the button three ounces of fetid pus escaped. No cerebral disturbance or other morbid phenomenon occurred. The dura-mater gradually rose to its normal place, and the cavity became obliterated. A year after the patient remained quite well.—*American Practitioner*.

CHLOROFORM IN LABOR.—Dr. Graily Hewitt, in the Obstetrical Society of London (*Medical Press and Circular*) uttered the following language: "We have come—some of us, at all events—to recognize the fact that chloroform has a tendency to make labor 'lingering;' that it sometimes enfeebles the uterus, and may thus cause hemorrhage. This tendency it is proposed to do away with, by diluting the chloroform by mixture of alco-

hol or other vapors, or by accurate mixture with air. Dr. Sansom has pointed out the great liability to the inhalation of poisonously high percentages of chloroform at high temperatures, unless proper care be exercised. Mr. Ellis has given us new inhalers for effecting such mixtures. The general conclusion I take to be, that, in ordinary midwifery practice, the anesthetic should be diluted, that it should not be given to produce the full effect, and that in all cases, rather excessive precautions against hemorrhage are required when chloroform is given."—*Pacific Medical Journal*.

GONORRHOEA PRODUCEABLE BY CHANCER.—The doctrine of Hunter on this subject, which had been regarded as entirely overturned by the experiments of Ricord, are about to be re-established. Prof. Hammond, of New York, after investigating the question, comes to the following conclusions, which correspond with those of some other recent inquirers:

"1st. That the virus of an infecting chancre, when deposited on a secreting mucous surface upon which there is no solution of continuity, may give rise to gonorrhœa unattended by chancre, but which is syphilitic in its character, and capable of producing constitutional disease.

"2d. The matter of such a gonorrhœa is capable of causing an infecting chancre, either by natural or artificial inoculation, which chancre is followed by constitutional syphilis."—*Pacific Medical Journal*.

DEATH FROM INHALATION OF ETHER.—At last a veritable case of directly fatal result from ether inhalation comes to light. It occurred in Boston, in the person of a man who had received a bullet wound in the knee, and who was etherized for the purpose of amputation. He suddenly ceased to breathe during the operation. In nearly every instance of death hitherto imputed to ether, hours, if not days, have elapsed before the fatal result. But the present case is different, resembling in this respect the action of chloroform. The particulars are given in the *Boston Medical and Surgical Journal*, of December 8, 1870.—*Pacific Medical Journal*.

SMALL POX IN LONDON.—A severe epidemic of small-pox is now raging in London. The deaths have risen from an average of forty-two in the three preceeding weeks to sixty for the week ending December 3d, the highest number returned in any week since June, 1863.

CHICAGO MEDICAL EXAMINER:

N. S. DAVIS, M.D., EDITOR.

F. H. DAVIS, M.D., ASSISTANT-EDITOR.

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NO. 5.

Original Contributions.

THE MYSTERY OF LIFE.

AN ADDRESS DELIVERED BEFORE THE ALUMNI ASSOCIATION
OF THE CHICAGO MEDICAL COLLEGE.

BY JNO. M. WOODWORTH, A.M., M.D., PRESIDENT.

The seeds found in Egyptian tombs, on being planted in the soil of France, grew into waving wheat.

For three thousand years these grains had been without life, yet we cannot say they were *dead*; they were organic seeds, products of life, and had themselves once *lived*; they were developed from cells into seeds, and at this point in their development their vital activity was arrested, because the necessary heat, light, and soil was wanting; but, no sooner were these supplied, than the arrested activity was once more set free—the seed became plants.

Frogs and toads, when subjected to the action of intense cold, may be perfectly *frozen*; yet these animals are not dead. Let heat be cautiously applied, and in a few minutes life is once more in full activity.

The microscopic animals known as Rotifers become, to all

appearances, dead, when the water of the moss in which they live is evaporated; and in this state of suspended animation they may remain for years, recovering their energy on the addition of a little water; they may be dried and revived many times in succession; but they are not dead in these cases, they do not decompose.

I have myself dried the horned frogs of the South, until they were brittle, and to all appearances as completely destitute of life as a chip of wood; in this condition I have kept them for months; but, on putting them in a wet place, in a few hours they were full of life.

In all these cases the phenomena we call life is entirely absent; it would *never* manifest itself, unless the peculiar condition necessary for its manifestation was supplied.

The three thousand years would, for the Egyptian grain, stretch to an eternity. The animal organism in this state of suspended animation is not destroyed; it is like a watch that has run down.

Life is indeed a mystery, whether considered as manifested in plants or animals; with nothing are we more familiar; of nothing do we know less.

When we seek to know the vivifying power first manifested in the germ, we approach the mysteries of the Creative Being. This we may not know until we have solved the equally great mystery, death.

Yet, there are problems concerning the vital principle; its first appearance and locality; its manifestation through the mind; as well as the creative and preserving power carried on by it in our physical organism, of which our mind is unconscious, and over which it has no control.

These questions may well claim our study.

In the popular mind no distinction exists between life, the mind, and the soul of man; all are confused together; and all are thought to compose a single immaterial spirit, which comes at birth and goes at death—let us hope to the source from whence it came.

The vital principle has been compared to air; has been sup-

posed to exist in the blood; in the stomach; in the brain; in the liver; in the diaphragm; and in the heart.

Perhaps the theory that obtains more generally than others, at the present day, is that the soul pervades the whole body alike, with the royal seat of life in the brain.

Let us inquire if this be true? We know that extensive injuries to the brain and spinal cord are not unfrequently borne with comparative impunity. I have seen a man who was shot through the head, the ball cutting off the optic nerves in its course, and yet the man recovered without perceptible injury to his faculties, except the loss of sight. I have scooped out considerable quantities of the substance of the human brain, and yet the persons recovered, and all the phenomena of life went on the same as before.

Life has been kept up in animals after the brain has been removed, by simply supplying artificial respiration.

In fishes, the heart will beat for hours after the brain and spinal cord have been taken away.

A frog has been known to live for six months after the whole brain had been removed. A large turtle knocked the knife out of my hand with its foot when I attempted to remove the shell, two hours after I had severed the head from the body.

Instances might be multiplied, but these will suffice—we must look to some other part of the body to find the seat of life.

The organic or sympathetic nervous system is that part of the living animal which is first formed in embryo.

The sympathetic nerves of the chest and abdomen are fully developed while the brain is still a pulpy mass.

The invertebrates have no brain or spinal cord. If we examine their nervous organization we shall find that it corresponds to the organic nervous system of the higher animals.

In the polyps and echinoderms it is very simple, consisting of a few ganglia which surround the œsophagus; in insects it is more complex, and beside the œsophageal ring, which has been compared to the brain, there exists a ventral chain of ganglia from each of which, nerves are given off to supply the viscera and other organs. There are animals without a head or

brain, without a heart or liver, and even without a stomach (unless we can stretch our imagination enough to call a slight depression on the outside of the body, a stomach), and if we exclude animals too small for examination, it may be said of all animals alike, they each possess an organic or sympathetic nervous system. Is it, then, too much to say, that the sympathetic nervous system is the source of all animal life.

The dense network of nerves situated behind the stomach, called the *solar plexus*, which is the root of the sympathetic nervous system, is the first part of our bodies that makes its appearance and takes form in embryo. Around this germ of development, in obedience to the Great First Cause, the house in which we live is built up, and through it, and its connecting nerves, in obedience to a sleepless Providence, our tenement is kept in repair and preserved from danger.

The functions of the sympathetic nervous system (with the exception of generation) are as perfect at birth as at adult age, which cannot be said of the mind and brain.

The silent unconscious process continually going on within our bodies, by which the waste is repaired—sending the right particles to the right place, and excluding the worn out and worthless—the influence which propels the little engine that started within our bodies in the morning of our existence, beating on night and day, whether we sleep or wake, never stopping for repair, but laboring on till life's work is done, is, to my mind, governed by the same influence that teaches the infant to draw nourishment from its mother's breast.

The mind has no part in these instinctive acts, but as they are essentially processes of preservation, may they not be said to originate from the solar plexus (which appears to be the seat of life) in the same sense that the brain is the organ of the mind.

We have seen that hard blows on the head are often received with comparative impunity. Slight blows over the solar plexus give rise to an indescribable feeling of agony, and heavier blows over this organ have frequently caused death.

That there is a certain informing spirit within us, which is

not of the mind, all will, I believe, admit. It comes to the least of us, as a voice that will be heard; it warns us of danger; it tells us what we must believe; it frames our sentences; it is the inspiration of the poet and the artist; it is the hidden power of the orator; it lends a sudden gleam of wisdom or eloquence to the dullest of us all, so that we often wonder at ourselves. This same prompter of our waking hours, like a faithful sentinel, stands guard while the mind sleeps.

Who has not noticed, when about to start on a journey early in the morning, by fixing in the mind, before going to sleep the hour necessary to awaken, at that very hour they have started into consciousness as if shaken by the hand of a friend.

The weary soldier may sleep while standing at his post, but the muscles necessary to retain his erect position do not relax.

I have often slept seated in the saddle, while my horse travelled on for miles, but when my muscles became fatigued and were about to loose their tension I was apparently awakened by a dream.

You have seen a mother in a railroad car, holding her infant when tired nature had forced sleep upon her, her head will drop upon her breast, but her arms do not sleep, and when the exhausted muscles are about to relax and let the child fall, the loving mother will awaken with a start and gather her babe to her breast.

I have often marvelled at this mysterious guardian, and as often asked myself what part of us it is that remains awake to arouse the sleeper or guard the infant.

Inspiration teaches that the spirit and the understanding are distinct and separate. May not the solar plexus be the instrument of the former in the same way that the brain is the servant of the latter?

That it is the seat of our emotions seems more than probable.

Who has not felt love and joy "that fills the heart"—(we never say fills the head or mind)—and many of us are not strangers to the imprisoned agony of grief that has entered here until the load has become an actual physical pang; so keen that we fain would rend the very garments that lay their

burdensome restraint upon our bosoms. Upon this theory it is easy to account for the impulse that clasps a beloved object in a warm embrace, and to understand the peculiar bliss experienced by a happy mother, as soft hands steal about her neck, and she presses her babe close, and yet closer in her circling arms.

As the mind develops in power and strength, certain of the instinctive and the emotional faculties are, to some extent, superceded and controlled by it.

A familiar illustration of the influence of condition and education over the instinctive faculties in the lower animals may be seen in the Canary bird; it cannot build its own nest, nor provide for itself; if turned loose in its own native island it would soon die.

In children, in both sexes, the emotional nature predominates over the intelligence and judgment. The boy in passing to manhood, through the ruggedness and sternness of his training, with many hard knocks thrown in by way of punctuation, looses much of his impressibility, and as a general rule the emotional nature becomes less active as the intellectual and physical increases. This, however, is not true in all cases. The influence of the Christian religion, or some defect or impediment, causing timidity or irregularity of action in the outer world, may preserve and foster the emotional nature in all the freshness of youth.

The gentler sex possess greater warmth of emotion than man, and submit to its influence rather than to logic. Woman is man's superior in the emotional world; his equal in the moral world; and in the laboring his inferior.

She retains the characteristics of her childhood, though in an intensified degree, and is nearer to the point of departure of that development which outlives time and peoples heaven; and if man would reach this higher level, he must retrace his steps and regain something he lost in his youth.

This may appear strange to the executing, commanding, reasoning man; and yet not so strange to those who realize the significance of the law uttered by Christ—"Except ye become

as little children ye cannot enter the kingdom of heaven." If what I have stated be true, the much agitated "woman's rights question" would appear in a new light; and, instead of trying to solve the question by the ballot, *man* should seek the higher level, which is the heritage of the *true* woman, by joining to the ruggedness of his character more of submission, love, and faith, which the new birth alone can give.

Dr. Hammond asserts that the brain secretes mind, and the liver and stomach secrete bile and gastric juice, respectively. How vain must be the attempt of Dr. Hammond, or any other doctor, to find the soul by a *post mortem* examination!

We use the words here, mind and soul, as synonymous terms, but strictly speaking the soul comprehends more than the mind; the latter is confined to the rational principle, while the former not only contains this, but the instinctive power also.

The soul contains mind and life also; how intimate their relation with the physical organism.

To find out the action and reaction of the mind and the emotions on the body, and on each other, is the greatest problem of the physician; when it is better understood, and our actions governed accordingly, we shall live happier, purer, healthier lives.

We make a lion of the athlete of the period; we stand in wonder of the spectacle of that giant of German learning, Neander, lying his whole length on the floor among his books, forgetful of time or place, not knowing whether he is on the earth or in the moon, led like a child by his sister to his lecture room when the lecture hour came, and led away home again when it was over; in one, the emotional nature runs riot in wild passion; in the other, love, hope, and pity have withered away and become as useless as a palsied limb; they are types of *deformed* men, and both to be pitied alike.

Some men hold the mind in paramount esteem; others the body. Here, brain is had in honor; there, muscle and sinew. But the men who would fill up the measure of life must have strong limbs and thoughtful minds.

The culture of the mind is not necessarily made at the ex-

pense of the body; but, on the contrary, mental application is a powerful remedy in diseases both of body and mind.

We hear grave charges made against mind labor, but the evil does not result so much from what is done as from what is neglected.

The school is very apt to get the credit of spoiling constitutions which, in point of fact, it only finds weak and leaves as it found them.

When nature makes a great man, she presents him with a good constitution. "But," you ask, "has that lean man, with a face like parchment, and not much flesh on his bones, a constitution?" Yes, he has, he has a working constitution, and a better one than you, with your ruddy face and well-rounded form.

You may be the "very picture of health," and have only a sporting constitution, not a *working* one. You may get on very well with exercise in the open air, and no strain on your brain, but our lean friend can stand confinement and long hours of mental labor without fatigue, from which you would emerge pale and "used up."

Nature may not have made a handsome man of our lean friend, but what does that signify? She made him a strong one.

The mind must be gradually inured to labor to be used with ease and profit. Let a man walk thirty miles in one day without training, and he will be painfully impressed with the fact that the body has laws which cannot be violated with impunity. The brain tissues cannot be expected to be *more* tolerant of such liberties than the muscles.

Many a boy, the victim of hereditary influences, gives promise of future greatness; but, like phosphorescent insects, their brilliance lasts but a little while, and is at its height when on the point of being extinguished forever. If, by any means their downward tendency be stopped, it is extremely rare that the autumn of life fulfils the promise of its spring.

Fatal disease is frequently induced in children by forced mental exertion, and, where death does not follow, the moral perception is apt to be obscured, and the sensitive child becomes a man of hardened vice, or of ungovernable self-will.

Examples are not wanting to show that devotion to intellectual pursuits and to studies, even of severe and unremitting character, is not incompatible with extreme longevity, terminated by a serene and unclouded sunset. Where one man is injured by mental application, two are injured by athletic sports, and hundreds by intemperance and other vices to which idleness leads.

Wearying anxiety, and the depressing passions and emotions generally, are so many disturbing elements in the machinery of life. But idleness is the greatest enemy of mankind, and in the American grammar it belongs to the feminine gender!

Fellow-laborers, my task is done. We have met for the first time in the new temple of our Alma Mater, to exchange our annual greeting. Some may have expected words of congratulation upon this particular occasion, when each of us might be pardoned for feeling honored by the new and well-fitting dress in which our benign mother greets us. But I take it, that we should come here to contribute some of the proceeds of our stewardship, rather than borrow from the old lady.

The first graduates from this institution went directly from her unpretending lecture-rooms to pitch their tents on the field of battle.

Those who go out now will not be tried by the horrors of war, nor share the inspiration of its pomp and circumstance; yet the battle of life and death is often fought as really in chambers or in an office as it is on the field,—but remember, the victory is to the strong.

If I could utter words that would reach those who are to come after us, I would say: Fear not to do manfully the work for which your gifts qualify you; but do it as one who must give account both of body and soul. Work hard while it is day, the night cometh soon enough—do not hasten it.

Use your faculties to their full capacity, but do not abuse them.

The body has its claims, it is a good servant; treat it well and it will do your work; it knows its own business, do not attempt to force it; listen kindly and patiently to its hints;

attend to its wants and requirements, and you will be rewarded. But task it, and pine it, and suffocate it, make it a slave instead of a servant; it may not complain much, but, like the weary camel in the desert, it will lie down and die.

REGULATION OF PROSTITUTION—RESULTS OF THE ATTEMPT IN ST. LOUIS, MISSOURI.

By EDMUND ANDREWS, M.D., Professor of Principles and Practice of Surgery in Chicago Medical College.

The recent attempt to register, license, and regulate the "Social Evil" in St. Louis appears to be making the same disastrous failure which has attended similar attempts in Europe. A committee of the common council reports already the police are confronted by their total inability to maintain the registry.

When the plan was first put in operation it appears to have been favored by the prostitutes, and the police registered 718 names, to which they soon added 228 more, making 946 registered women in all. Now, the names have fallen off to the extent of 467. In other words, the police have lost almost exactly half the women from their control, even in the short time that has already elapsed. Similar results have occurred, according to Mr. Berkely Hill, under the "Contagious Diseases Act," in certain parts of England, (see *British Medical Journal*). There, the registered women have fallen from 1960 to 565, or, in other words, the police have lost nearly three-quarters of the women from their control.

The Continental experience is the same, the testimony of the superintendents of the police being that the women evade and defy the registry, and in annually increasing numbers hasten to go over to the class of unregistered clandestines.

The *New York Medical Gazette* thinks that the diminution of prostitutes is not due to the women going into clandestine vice, but to a positive improvement of public virtue produced by the law. The opinion of the Continental police, however, is different, as already stated, and indeed the plainest common sense supports their view.

If the regulation law of St. Louis, while affording increased facilities and attractions to licentiousness, has already reformed half the strumpets of that city, and the "Contagious Diseases Act" three-quarters of those of the garrison towns of England, they must be more easily purified than those of Chicago. I, for one, have no faith that half the fast men and loose women, either of St. Louis or England, have suddenly reformed in consequence of a law being passed allowing them to practice prostitution with impunity. The statistics look rather too rosy to be true. It is to be suspected that the frail women, like their sisters in Germany and France, found the police surveillance and registry more unprofitable, or less agreeable than they expected, and withdrew into clandestine vice.

A similar suspicion rests on the report of diminished disease in the brothels and public institutions. The number of diseased women is given at 40 less than when the law went into operation, while the venereal cases in public institutions are reported as diminished about 75 per cent. Are we to understand that these 40 women were the authoresses of three-quarters of all the venereal disease in the hospitals of St. Louis? Certainly there is something out of joint in this calculation which needs further investigation.

ANTAGONISMS BETWEEN OPIUM AND BELLA- DONNA.

By LYMAN WARE, M.D., Chicago.

Owing to the extreme contradictory opinions of eminent medical authorities, since the seventeenth century, respecting the antagonistic properties of opium and belladonna, the writer long desired to perform a few careful and exact experiments, to determine, in his own mind, to what extent, if any, the antagonisms do exist. The experiments were wholly unprejudiced, as the believers and disbelievers in the mutual antidotal action of opium and belladonna are equally esteemed for their profound and exact knowledge and teachings. If these experiments are

in degree as interesting to others as to the performer, the labor of writing out the data will be fully compensated.

The experiments were performed with the sulphates of morphia and atropia, using a *Charriere* hypodermic syringe, the needle being adjusted and the piston worked by a screw, securing perfect exactness. Most of the experiments were performed upon the person of the writer, being assisted while under the influence of the larger doses by an intelligent gentleman in taking pulse respiration and temperature, in order that no mistake might possibly occur.

About fifty hypodermic injections were carefully noted, with not a single untoward symptom. There was momentary pain at the point of injection, but no special soreness subsequently.

Great care was taken: 1st. That the solution be perfectly neutral. 2d. That no air be in the syringe. 3d. That the point of injection be loose tissue, so as to be grasped between the thumb and index-finger. 4th. That the injection be given slowly, and the finger applied for a moment at the point from which the needle is taken, to make sure that none of the solution escapes.

The observations are not all given, there being, of necessity, repetition, as many of these were repeated to confirm and fully establish the constancy with which the several phenomena made their appearance.

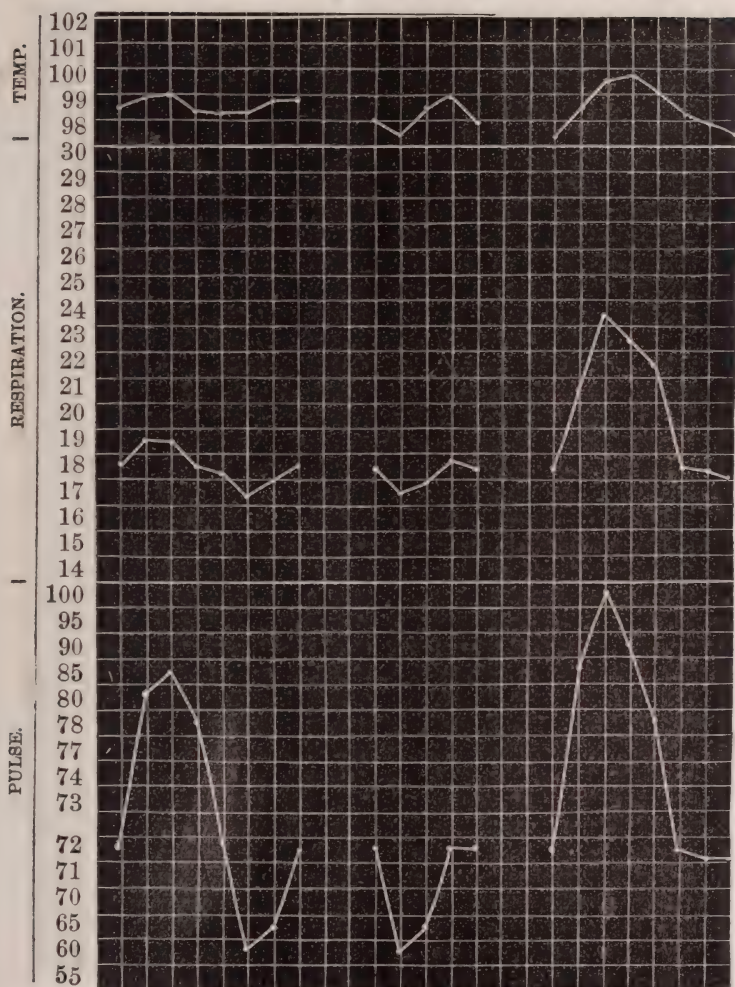
Prior to entering upon these experiments the writer had scarcely ever taken either of the drugs of which he made use.

Sufficient time was always allowed to intervene between the observations, in order that the system might fully recover its normal condition.

That the relationship existing between opium and belladonna may the easier be comprehended, the phenomena accompanying the action of each will be considered.

Experiments were also made with hyoscyamus and stramonium, using their alkaloids, hyoscyamia and daturia, but as their relationship to opium, in their antidotal effects, is so nearly allied to that of belladonna, the data have not been written out.

Observations after giving $\frac{1}{8}$ th of a grain of morphia:



MORPHIA, 1-6th GRAIN.

NORMAL CONDITION, 7 P.M.

" 7½ "

" 8 "

" 8½ "

" 9 "

" 9½ "

" 10 "

" 11½ "

ATROPIA, 1-96th GRAIN.

NORMAL CONDITION, 8½ P.M.

" 9 "

" 9½ "

" 10½ "

" 11 "

ATROPIA, 1-60th GRAIN.

NORMAL CONDITION, 8 P.M.

" 8½ "

" 9 "

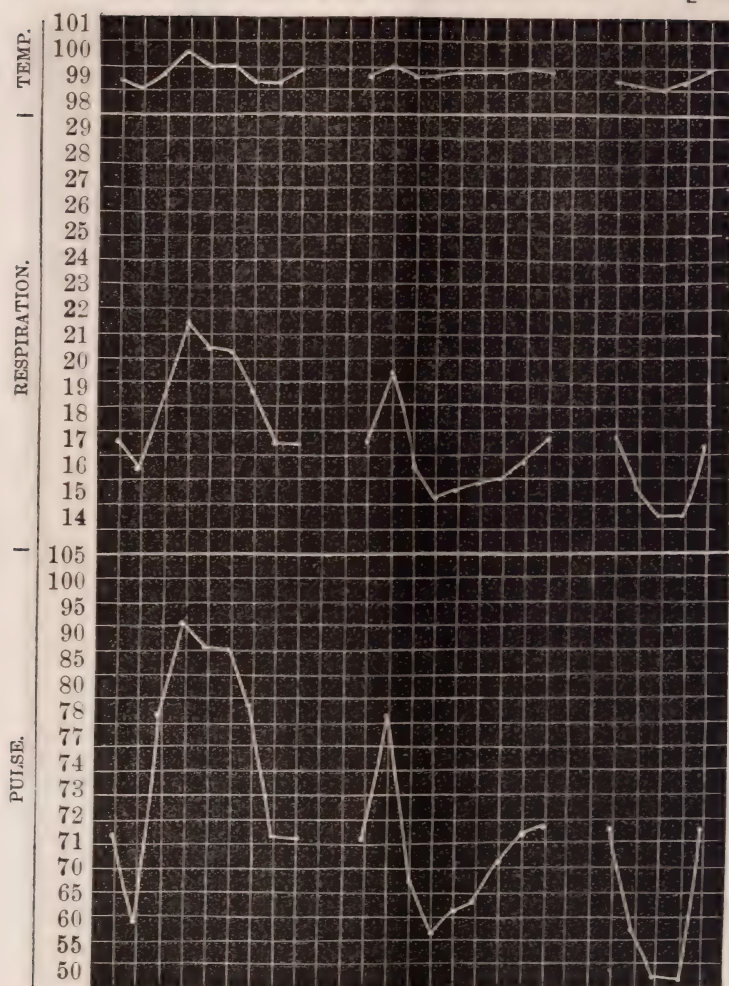
" 9½ "

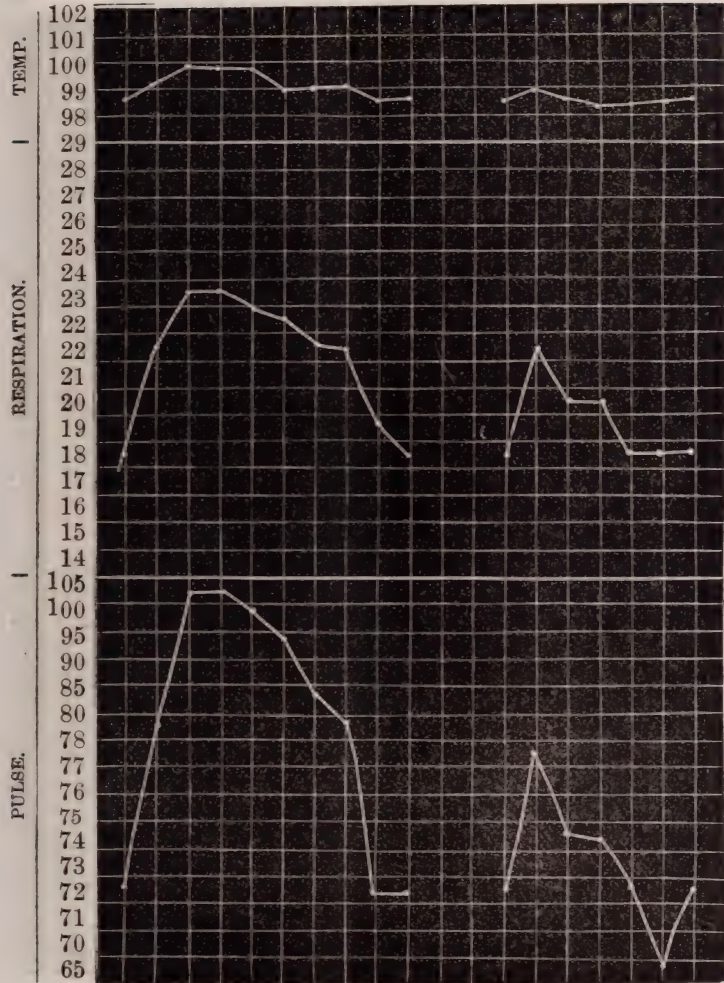
" 10½ "

" 11 "

" 12 "

" 12½ "





ATROPIA, 1-24th GRAIN.

NORMAL CONDITION, 7 P.M.

" " 7½ "

" " 8 "

" " 9 "

" " 9½ "

" " 10 "

" " 10½ "

" " 11 "

" " 11½ "

" " 12 "

ATROPIA, 1-48th GRAIN,
AND MORPHIA, 1-2 GRAIN.

NORMAL CONDITION, 7 P.M.

" " 7½ "

" " 8 "

" " 8½ "

" " 9½ "

" " 10 "

" " 11 "

In the smaller doses of atropia there is noticed a diminution of the pulsation, and in the smaller doses of morphia an increase of the pulsations. When atropia is combined with morphia, for its soporific effect, the smaller dose, $\frac{1}{96}$ th or $\frac{1}{120}$ th of a grain of atropia should be used with $\frac{1}{3}$ d of a grain of morphia, thus obtaining the sedative effect of each, with the unpleasant effect of neither.

In comparing the physiological effects of the two alkaloids, it is at once seen that neither have a common phenomena, as in:

MORPHIA.

The face becomes blanched; external temperature diminished; pupil contracted; dilation of capillaries; diminished respiration; pulsation diminished in frequency, increased in force; constipation of bowels; nausea; depression of vital force.

ATROPIA.

The face becomes flushed; external temperature increased; pupil dilated; contraction of capillaries; increased respiration; pulsation increased in frequency, diminished in force; relaxation of the bowels; exaltation of vital force.

The two cases of poisoning that came under observation, where, in one four ounces of laudanum were taken, and in the other two grains of morphine, made good their recovery; although in the former case fatal syncope occurred as the patient undertook to arise from his bed the following day. Where toxic symptoms are to be contended with, it is impossible to determine definitely how much of the antidote should be used, not knowing the amount of poison that may have been already absorbed, and without great care toxic symptoms might result from the very antidote. Yet this danger may be in a measure avoided, by approximation of the antidote, recalling that $\frac{1}{48}$ th of a grain of atropia will neutralize $\frac{1}{2}$ of a grain of morphia. The influence of either upon the system follows the administration so closely, beginning to show its effects in two minutes, in reaching its height so quickly, usually in an hour, they need only to be closely watched to prevent any toxic influence and obtain the full antidotal effect.

A BRIEF PAPER ON THE COMPARATIVE EFFECTS OF ALCOHOL AND TOBACCO, ON THE HUMAN SYSTEM.

By N. S. DAVIS, M.D., Chicago, Illinois.

Prepared by the request of the Chicago Medical Society, and read at the Regular Meeting, December 26, 1870.

(Continued from March No.)

Tobacco.—In regard to the effects of tobacco I will be brief. Sufficient was said concerning the history, botanical relations, and chemical composition of this potent drug, in the paper read by Dr. Emmons at a recent meeting of this Society. The alkaloid and oil, which constitute the principal active ingredients in tobacco, both exert a decided and characteristic influence when introduced into the human system. When given in full doses, either by mouth or rectum, they rapidly reduce the force of the respiratory and circulatory functions, alleviate pain, relax the muscular structures, and generally nauseate the stomach. Hence, before ether and chloroform were introduced into practice as anæsthetics, tobacco was not unfrequently used for the purpose of inducing complete relaxation of the muscular and fibrous tissues, to facilitate the reduction of strangulated hernia; the removal of spasmodic action in "*bilious colic*;" the reduction of dislocated bones, etc.

Under the full effects of the drug, the face is pale; the surface cold and moist; the pulse small, thready, and weak; respiration easy but feeble; the voluntary muscles are relaxed; and the nervous sensibility so impaired that the patient, not only feels no pain, but experiences a feeling of numbness, or, more properly, an absence of feeling.

A lady who had been brought fully under the influence of a tobacco enema to relax the muscular coat of the intestines, expressed the effect upon the nervous sensibility by saying she "hardly felt conscious that she had a body, and in consequence thought she must be dying."

From the experiments which have been performed on animals, and from clinical observation, I am led to regard tobacco as a direct and active nerve sedative. And when the doses are small and the system habituated to its effects, it induces a soothing, tranquilizing feeling, exceedingly fascinating, and which speedily begets a love for the article. Hence, notwithstanding its acrid taste and primary nauseating effects, it has become an article of general use in every civilized country on the globe. It is hardly possible, however, that an agent so decided and active in its influence over the functions of the human system when the latter is not accustomed to its impression, should become altogether harmless by habitual use. And yet so numerous are the influences exerted upon man in civilized society, and so varied are the conditions of every day life, that it is extremely difficult to determine the actual influence, either mental or physical, which is produced by the habitual use of any one article like tobacco. Hence, it is not strange that medical literature should present a confused mixture of facts and opinions of more or less contradictory and perplexing character concerning the effects of the agent under consideration. One class of writers, prominently represented by Drs. Anstie and Hammond, place alcohol and tobacco in the same category, and claim for both the power to act, in small doses, as "*accessory*" or "*indirect food*," or "*food-stimulants*;" and in larger doses, as narcotics and poisons. In the former capacity, they are represented as not only harmless to a large majority of individuals, but positively beneficial.

By another class of writers, tobacco is regarded as simply stimulant to the nervous system in small doses, and in larger ones sedative and narcotic.

Still another class regard it as sedative and narcotic, especially to the nervous system, in proportion to the quantity used and the temperament of the individual; and they attribute a long catalogue of evils and diseases to its habitual use.

When its use has been commenced in early youth it is claimed to have diminished growth, impaired mental and physical activity, and weakened the digestive and assimilative functions. Its

excessive use in adult life has been represented as causing impaired vision, amaurosis, cardiac weakness, muscular relaxation and tremor, indigestion, irritation of fauces, impotency, mental dulness, etc., etc. Most of the statements by all these classes are expressions of opinion rather than deductions from observed facts.

The assumption that tobacco acts as indirect food, or as a substitute for food when used in moderate quantity, and therefore is either harmless or positively beneficial, affords the only plausible ground on which its habitual use can be defended, and it therefore deserves a careful consideration.

It is not easy to perceive more than two ways in which any agent can act as direct or indirect food. 1st, By furnishing actual material for assimilation. 2d, By retarding the processes of metamorphosis and waste, thereby lessening the necessity for new material.

No one will claim that tobacco constitutes material for digestion and assimilation. The quantity absorbed and taken into the system by any ordinary use is too small to be of the least importance in this way.

That it may retard tissue metamorphosis, as claimed by Dr. Hammond, is probably true to a very limited extent; and only indirectly through its sedative action on the vaso-motor nervous system. It does not, like alcohol, appear to exert a direct influence over that play of vital affinity by which new atoms are appropriated to, and old atoms removed from, the tissues.

Dr. Anstie, himself, attaches no importance to any supposed power to retard tissue change, but simply claims that it enables men to feel less inconvenience from fatigue or hunger while doing a given amount of work on a limited supply of food. All his illustrations go to establish this fact, and this alone. He seems to perceive no difference between rendering a man less *conscious* of hunger and actually feeding him; between removing the *sense* of fatigue and the restoration of nervous and muscular power. Hence it is not strange that he should class opium, tobacco, ether, chloroform, etc., together as food-stimuli or substitutes. But is it not just as absurd to assert that a Lon-

don pauper is either better fed and clothed simply because he does not feel the sensations of hunger and cold as keenly while rolling a quid of tobacco in his mouth, as he would without it, as it would be to claim that the surgeon's knife did not cut, because his patient did not *feel* it while under the influence of chloroform? That a moderate influence of tobacco will make an individual less conscious of present suffering, whether from hunger, fatigue, pain, or anxiety, and therefore more contented and *do n't-care-a-tive*, is apparent to every careful observer. But is there any proof furnished, from any department or condition of human life, that the use of tobacco enables man to live longer on a given amount of food, to do more work in a given time with less physical impairment, or to incur less sickness during an equal exposure to the causes of disease? In other words, are there any facts or statistics which show that those who have used tobacco have had a longer average duration of life than those who have not in the same community? If so, they are unknown to me. There are, however, many facts tending to an opposite conclusion.

In comparing the effects of tobacco with those of alcohol, we find both exerting a sedative influence over nerve sensibility, but the first spends its force mainly upon the vaso-motor and ganglionic nerves connected with the functions of organic life; while the latter acts more directly on the brain and nerves of animal life. Hence the first, when taken in poisonous doses, destroys life by cardiac paralysis or syncope, and the latter, either by cerebral insensibility or apnoea.

The primary influence of tobacco is limited to the nerve structures, influencing secretion, assimilation, nutrition, and disintegration only by indirection; while alcohol extends its direct action to the properties of all other structures as well as those of the brain, and modifies tissue changes as directly as it does cerebral sensibility.

We find nothing in our reading or clinical observations which sustains the idea that these agents are antagonistic, or that the effects of one antagonize those of the other. On the contrary, we have long been satisfied that the thirst, coupled with the

sense of uneasiness in the chest and cardiac region, accompanying the use of tobacco, constituted one of the most active incentives to the use of alcoholic drinks.

And yet, so far is the one from antagonizing the effect of the other, that the use of both undermines the health of the individual more rapidly and certainly than the same amount of either would alone. In regard to the pathological effects produced by the habitual use of tobacco, we will detain you to allude to but three groups of cases that have come under our observation.

The first group present some form of irritation in the lining membrane of the fauces and pharynx, sometimes extending to the mouth. In some cases it consists in follicular hypertrophy; in others, there is more diffusive redness with dryness, especially in the pharynx; and in others, though rarely, there are patches of erythematic redness and tumefaction in the buccal mucous membrane, with a very annoying sense of heat and dryness. We have met with many of these chronic cases of irritation in the mouth and throat, that had resisted every variety of treatment for years, until the use of tobacco was omitted, when they speedily became well. In one instance, a man about 24 years of age, who had suffered severely from the disease in the mouth and throat, tested its connection with the use of tobacco by omitting the use of the latter from six to twelve months at a time, three different times. The disease uniformly disappeared in a few weeks after omitting its use, and as certainly returned in two or three months after resuming it. In a few instances the same follicular irritation has appeared in the stomach.

The second group of cases embrace a series of anomalous, and sometimes very distressing affections of the chest. They vary, in different cases, from a simple feeling of uneasiness, oppression, or weakness in one or both sides of the chest, to that of positive pain, and periods of such extreme exhaustion that the patient is greatly alarmed, and complains of want of breath, sometimes palpitation, and is afraid to lie down at night. It is only a few weeks since that a gentleman called on me from the

country, complaining of almost constant uneasiness, and sense of exhaustion in his chest, frequent sighing, what he called *quivering* of the heart and epigastrium, a feeling as though he would lose his breath, and almost entire inability to sleep. These symptoms had been steadily increasing on him for a year, during which time he had used a variety of remedies without relief. His pulse was regular but rather weak, respiration perfectly regular and easy, but rather less full than natural, nutrition fair, and general look of fair health. The most careful and thorough examination disclosed no sign of disease in the heart or lungs or any other internal organ. On inquiry, I found he had been for many years an inveterate user of tobacco, both by smoking and chewing: and since he began to suffer the bad feelings in his chest to such a degree as to interfere with his sleep, he had often walked the floor of his house the greater part of the night with his pipe in his mouth. Suspecting that the tobacco had induced a perverted and depressed condition of the functions of the thoracic ganglia and plexuses of the sympathetic nerve, I persuaded him to abandon at once the further use of the article in any way, and prescribed strychnine in doses of $\frac{1}{32}$ part of a grain before each meal, and 20 grains of hydrate of chloral at bedtime, to be repeated in two hours if sleep was not induced.

He was to exercise moderately in the open air daily, live on plain food, and use no stimulating drink. During the first three or four days he was very uneasy, and complained of such weakness as to keep himself in a constant state of alarm. He persevered, however, and at the end of two weeks he had recovered a fair appetite and strength, slept well with the aid of a very moderate dose of hydrate of chloral at bedtime, and complained but little of the morbid sensations in his chest.

Several years since, another case still more exaggerated came under my care. It was a young man connected with a travelling circus. The amount of tobacco he had consumed, chiefly in the form of cigars, was enormous.

He had become subject to a spasmodic cough, hypertrophy of the follicles of the fauces, and such a sense of sinking and

tremulousness in his chest, that he almost feared to walk across his room in the day, or even to try to sleep at night. His countenance was depressed and anxious, his skin cool, and his pulse weak.

He had resorted to a variety of stimulants, tonics, etc., but without relief. Finding no physical signs of disease in his chest, I was at first much puzzled in relation to the nature of the case. A few days observation, however, satisfied me that, aside from the follicular inflammation of the fauces, the whole train of distressing symptoms were dependent on the altered condition of the thoracic and abdominal *gaglia* of the sympathetic nerve produced by tobacco. Its further use was consequently entirely prohibited, and although he suffered almost every variety of morbid sensation for the first week, yet under a mild tonic and soothing treatment he fully recovered, and has remained well since.

These are exaggerated cases from great excess in the use of the article, but they serve to demonstrate the nature of slighter cases that are presenting themselves almost every day, in which men from all ranks of society complain of just enough pain, or sense of oppression, or feeling of exhaustion in the chest, to make them uneasy lest there might be disease of the lungs or heart; and yet in whom the most careful examination can detect no indications of disease in these organs.

The third group of cases includes those in which the principal symptoms are muscular weakness, sense of unsteadiness in walking, irregular morbid sensations in the extremities, and occasional intermittence or irregularity of pulse. These are symptoms that are identical with those belonging to the early stage of locomotor ataxy. In only two instances have I been able to verify the fact that they were caused by the use of tobacco. Entire omission of the use of tobacco, moderate exercise in the open air, electricity, and small doses of strychnine removed the symptoms in a few weeks.

This brief allusion to the more prominent pathological effects of the habitual use of tobacco, has been made for the purpose of illustrating more fully the fact that its principal action is on

the nervous functions of organic life, and that such action is directly sedative. It does not, like alcohol, produce intoxication or anæsthesia of the brain, nor directly interfere with nutrition or disintegration, except in so far as it modifies the vaso-motor nervous action. Consequently its destructive effects on the mental and physical condition of those who use it, bear no comparison to those of alcohol.

That the functions of the human system are capable of adjusting themselves to the effects of a moderate and regular use of both these agents, to such a degree as to maintain health and long life, is abundantly proved by daily observation. That both, however, induce more or less of an unnatural and injurious condition of the physical organization, impairing the activity and perfect healthfulness of its functions, is equally proved by the most obvious facts.

ANNUAL REPORT OF THE NECROLOGIST OF THE ALUMNI ASSOCIATION OF CHICAGO MEDICAL COLLEGE.

To the President of the Alumni Association:

The Necrologist regrets that he has been able to make but little progress in compiling memoirs of deceased Alumni.

So far as can be learned, eleven deaths have occurred among the graduates of our Alma Mater.

The names of the deceased are, J. C. Pratt, Lucien Ashley, J. M. Kendall, D. J. Allaban, E. B. Rockwell, W. H. Pulver, J. J. Samuels, George W. Wilson, J. F. Flemming, and M. N. Rust.

Of four of these no information has been obtained, as to where they settled, or who can give information about them, notwithstanding careful inquiry has been made.

Letters of inquiry have been written to acquaintances or friends of all the rest, but answers, in the shape of any substantial statement of facts from which a memoir could be collated, have come back regarding only two of them, namely, of Dr. John Culbert Pratt and Dr. Lucien Ashley.

Such facts as have been gained have been written out and are here presented as a beginning of what it is hoped, with the co-operation of the members, may eventually be a complete, proper, and decent necrology of our Alumni.

If any graduate or friend of the school can give information or furnish any clue by which sketches of the remaining nine of the deceased Alumni can be written, if they will communicate it to the Necrologist, they will aid him materially in his labors, and help advance a work to all alike desirable.

It is quite essential, however, that to get a biography of any man, in every particular correct, his business and professional associates must be consulted, and not merely his personal friends and family relatives, who, while giving dates and incidents rightly, are not always the most unbiased critics of a man's character.

What we want is unprejudiced histories, and they will confer a favor who can direct us to professional associates, as well as to relatives of these men.

Respectfully submitted,

N. BRIDGE, *Necrologist.*

CHICAGO, *March 14, 1871.*

DR. LUCIEN ASHLEY was born in East Barnard, Windsor County, Vermont, November 27th, 1833. His parents were descended from the early settlers of Massachusetts. He early evinced a love of books, and his childhood was spent in school; his youth in assisting in farm labors, alternating with attending school and teaching.

His health becoming impaired, in the Fall of 1854 he came to Illinois; the following Summer he spent in Minnesota. He returned in the Fall of '55, and commenced the study of medicine with his uncle, Dr. J. B. Ashley, of Magnolia, Putnam County, Illinois. In the Fall of '58 his name was entered as a student in the Chicago Medical College, and he graduated in the class of '60. He returned to Magnolia and commenced the practice of medicine in partnership with his uncle.

In the Fall of '61 he removed to Neponset, and three months

later to Buda Illinois, where he soon acquired an extensive practice, and made many warm friends.

In the Spring of '63, during the seige of Vicksburg, Governor Yates issued a call for surgeons for the army. From the commencement of the war he had felt a strong desire to offer his services to his country, and he promptly responded to the Governor's call, contrary to the advice of friends, who much feared the effects of the change to that warm and unhealthy climate, at that season of the year, on one in his feeble health. His reply to those who tried to dissuade him from going was, "If I live to return it will always be a satisfaction to me to think that I did what I could for my country in her hour of need; if I do not, I shall meet no worse fate than thousands of others."

He was assigned to the 3d Battallion, 10th Regiment, Illinois Cavalry. He joined the regiment on the 1st of June, and found them encamped six miles above Vicksburg, just outside the levee, on land that had been overflowed all the first part of the season. Half the men were on the sick list.

He remained on duty until the last latter of July, when he was attacked with dysentery, and died at Helena, Arkansas, on the 29th of that month.

Maj. Shaw, commanding the battalion, with the other officers and men, unanimously testified that "he served them faithfully and well as a medical officer, and profoundly regretted his early separation from them."

All his life he was remarkably conscientious and truthful, deeming no sacrifice too great if in the line of duty or right.

Of a modest and retiring disposition, "he bore acquaintance well," and those who knew him best loved him most.

He was ever a cherished associate, both at school and in later years, seeming to win all hearts by his kind and affectionate disposition; and in his professional career, rich and poor alike found him a kind and attentive physician and sympathizing friend.

He never made a profession of religion, but his private testimony, added to that of his life, warrants the statement that he was a sincere and consistent Christian.

JOHN CULBERT PRATT—CLASS OF 1865.—Dr. Pratt was the second child of Mr. C. S. Pratt, a native of the Eastern States. His mother, whose maiden name was Rose Ann Culbert, although born in this country, was of Irish parentage.

The subject of this sketch was born June 5, 1835, in Nunda, then Alleghany County, New York.

When he was five years old the whole family removed to Vernon, Shiawassee County, Michigan, then a new and very thinly-settled place. Here he remained until he attained his majority.

Although naturally very studious, the common schools were, up to the twentieth year of his life, his only means of systematic instruction. Yet, at the age of eighteen, he had so far advanced in a knowledge of the common branches that he was able to teach such of the district schools as he had studied in. After two winters spent in this employment, he entered a school at Birmingham, Mich., under the tutorship of Prof. Samuel Hill; here he remained a full year, and was a diligent and an attentive student.

In the Autumn of 1856, a few months after his twenty-first birthday, he went to Illinois, and finding employment in a small school in the County of Williamson, he made there his temporary home. He continued in his vocation as teacher, in various schools, until the winter of 1859-60, when he was engaged by Dr. J. S. Jewell, since a professor in our Alma Mater, who was practising medicine in Williamson County, and who was a director in the school*district in which he resided.

This acquaintance seems to have been the determining event in his career as a medical man, for while he was laboring daytimes in the school, he began studying medicine, spending his evenings with the library of Drs. Jewell and Mitchell. He studied early and late, and labored very hard during this early part of his term of medical study, and there can be little doubt that here he permanently injured his health. He pursued his medical studies diligently until the breaking out of the war.

Not long after the battle of Pittsburg Landing (Shiloh), when the government was in great need of medical and surgical attendants, for the wounded of that and subsequent engagements, Pratt entered the army as a contract surgeon.

It was during his service in the field that he contracted that disease which so decimated the ranks of the army, and from which he never fully recovered, chronic diarrhœa. Being unable to attend to duty, he was allowed to return home sometime during the early part of 1863.

With a change of climate and the kind offices of his friends, he recovered in so far that he was anxious to return to the army. He was about to raise a company of volunteers, and go with them as captain, when Dr. Jewell persuaded him to go as assistant-surgeon instead. In this capacity he served eleven months, but his health again failed, and he was obliged to return to the North.

He went to his home in Michigan to recruit and recover, but so anxious was he to resume his medical studies, that in three weeks after his arrival he set out for Chicago. Here he became again the hard-working, attentive student. He attended lectures, and graduated with the class of 1865. In spite of ill-health he succeeded in gaining the first prize for the best thesis.

After his graduation he went back to Michigan, but his health did not improve, and his condition would not admit of his practicing, save to a very limited extent. His health gradually failed, and on the 19th of December, 1866, he died.

His disease—chronic diarrhœa—was of the most obstinate character. Dr. Jewell says his liver, and perhaps mesenteric glands, were seriously involved.

Dr. Pratt was never married.

Of his character and disposition I find no testimony but that in the highest degree commendatory. He was always thoughtful, considerate, and perhaps too generous and unselfish. Traits of this sort he manifested when very young; he was always ready to forego and forget his own pleasure and himself for his playmates; moreover, he was known to have made a favorite of a poor and ragged playmate, simply because he was poor and ragged.

Of his character after attaining manhood, I must let one speak who knew him intimately, and whose words we regard. From a letter addressed me by Dr. J. S. Jewell, under date of October 6th, 1870, I read:

"I have known but few, if any, more estimable men than John C. Pratt; I knew him well; he was my favorite student and near friend. Handsome, frank, and manly in person and presence; cheerful and entertaining in manner; courteous, hopeful, and generous in disposition; decisive and upright in character; pure in intentions; rich in a warm, wise, and healthful sympathy; gifted with an excellent, well-balanced mind; independent in thought, but respectful; apt to teach, and ready to be taught; enterprising and inquiring; quick in perception; industrious; an excellent student, and giving unusual promise as a physician; a firm friend, true as steel, with warm emotions under excellent control; he was the one of a thousand.

"I have seldom felt more regret at the loss of one who was not a relative, and feel that the college roll has lost, in him, one of its best and brightest names, whose memory I trust will be sacredly cherished."

Clinical Reports.

CLINICAL CASES IN MEDICAL WARDS OF MERCY HOSPITAL.

Clinic by PROF. DAVIS. From Notes by S.

CASE I.—DISEASE OF KNEE-JOINT WITH LATENT TUBERCULOSIS.—This young man has been affected with ill-health for two or three years, becoming very much emaciated, blood impoverished, etc., with characteristic signs of inflammation at the knee-joint. Was brought to me some time since, with a special request that I should take charge of him; at that time had been for three or four months in the care of a surgeon in this city, who had decided that an amputation was necessary. The attention of all parties seemed to have been absorbed in the leg, as though the disease of the knee embodied all that was the matter.

I found a moderate degree of tumefaction about the knee,

chiefly, I think, from a thickening of the synovial membrane, and a moderate degree of effusion, sufficient to give rise to slight fluctuation at the sides and above the patella, but no evidence of a carious condition of the bone. The patient is able to have the joint moved freely forwards and backwards—can bear considerable weight upon it, and walks with facility; but there are other reasons why I did not encourage him to go on and have the limb amputated. The knee-joint did not present evidence of actual disease sufficient to give rise to the general emaciation.

The patient is very anæmic—lips pale—pulse soft and compressible, with about the degree of emaciation which usually accompanies the second stage of tuberculosis, and has a slight cough—also a fair appetite, though losing flesh all the time—taking enough nourishment, if it was assimilated, to gain flesh every day and receive a good degree of strength, but only becoming more impoverished.

You may lay it down as an axiom, that will have few exceptions, that if you find a patient, notwithstanding absence of fever or acute local affection, with reasonable appetite, yet losing flesh, the blood growing thin and impoverished, that there is some change in the system which is of a serious organic character, and it will generally be found that the patient is laboring under a slow organic disease.

On examining the lungs I find a perceptible difference in the resonance of the two sides, and on applying the stethoscope observe a little irregularity in the progress of the inspiratory sound, and a renewal of it in the expiratory act—positive well-marked increased vibration of the voice, and a little atrophy of the left side of the chest. In the prolonged and slightly irregular respiratory murmur we find the earliest apparent physical signs of tubercular deposit in the lungs. A thing which points to disease of the mesentery glands, is the fact that the patient is taking a fair amount of food and not being nourished by it. He has also had, at frequent intervals, pains in the abdomen, a little to the right side, and while the limbs are attenuated, the abdomen is full—slightly tympanitic, and has a doughy feel.

During the last week or ten days there has been considerable tendency to diarrhœa, so that it has been necessary to use medicine directly for the purpose of counteracting it.

The patient complained of his throat being somewhat sore, but this did not attract much attention at first, and he was directed to use a simple wash—when, however, this did not relieve it, I was led to examine into the condition of the parts more particularly, and found a dark ulcerated patch of a purplish hue behind the parts, which, with the general depraved state of the blood, strongly inclined me to think that there was a hereditary syphilitic taint in addition to the tubercular deposit.

Directed a teaspoonful of the following mixture to be taken once a day:

R. Iodide Soda,	-----	℥iij.	
Bi Chld. Hydrag.,	-----	j gr.	
Fl. Ext. Conium,	-----	℥j.	
Syrup Orange Peel,	-----	℥iij.	M.

The throat improved very rapidly, and in the course of two weeks was considered entirely well.

Complained of some pain in the knee-joint, which was entirely relieved by the application of a blister, which also reduced the swelling. The abdomen now seems a little full, and slightly tympanitic and tender—sound on percussion indicates clearly that it is not water or any solid tumor, but a state of fullness dependent upon imperfect assimilation. The sounds on auscultation indicate clearly the existence of latent tubercular deposits in the lungs.

If no congestion be determined in the parts, the patient may go on for years, and he be unconscious of the existence of any trouble about the lungs. But if he should take cold, or anything wake up a determination of the blood, it would be likely to establish a low grade of inflammatory action around this deposit, which, if not relieved in three or four weeks, would induce softening of the deposits, and the patient would begin to expectorate masses of yellow opaque matter, with mucus, etc.

In the treatment of this case we would rely on good air, plain food, the iodine alteratives, and such anodynes as would restrain

irritation in the alimentary canal. Would not advise the long continued use of mercurial alteratives, but think the use of the alterative mixture containing the iodide of sodium and bi-chloride of mercury for a week at a time, perhaps once a month, would be useful. Up to the present time his bowels have been easily controlled by the turpentine and laudanum emulsion; and he has taken six grains of iodide of potassa morning and noon.

CASE II.—HEMIPLEGIA.—This patient had been in good health and was attacked suddenly with violent and well-defined pain in one side of the head, followed by fever and continued pain, which caused it to be styled brain fever, and lasted for a week or more, at the end of which time she was found to have complete hemiplegia, and was brought to the hospital.

On admission the pain had not entirely gone; pulse was slightly accelerated, not full, but strong; heat of the surface slightly elevated, with somewhat increased sensibility in the paralyzed parts.

Paralysis was observed over one entire side of the body; one-half of the tongue being slightly affected; the arm and leg, on that side, utterly destitute of motion, but control of the sphincters was still perfect.

It is the left side which is paralyzed, the pain in the head having been in the right side, at the junction of the frontal and right parietal bones.

The suddenness of the attack, the fever, and continued pain in the head, with hyperæsthesia and loss of motion, led me to attribute it to capillary congestion of the interior portion of the right anterior lobe of the brain, coming suddenly, developing severe pain, and leaving some degree of exudation; but probably not sufficient actual extravasation of blood to form a clot.

Treatment.—Either one prompt bleeding, or leeching, at the outset, before sufficient exudation had taken place to cause paralysis, would have exerted a good influence, especially if followed by sedatives to take off the increased force of the circulation, keeping the bowels open, cold to the head, etc., but the time for these remedies had passed by, and the patient is already paralyzed. She was accordingly put upon the following course of treatment:

Ry. Potass. Bromide,-----5iv.
 " Iodide,-----5ij.
 Water,-----5iv. M.

One teaspoonful every four hours. Directed her to be kept at rest; the bowels to be moved with laxatives if necessary.

In the first few days there was no change, except a gradual decline of the pain in the head.

The next improvement observed was diminished hyperæsthesia, but without much indication of change in the motor power. In about ten days, however, she was able to stand, and from that began to walk, but in a very awkward manner, characteristic of this form of paralysis, carrying the foot forward by means of the muscles in the upper part of the thigh, the outer muscles seeming to be more paralyzed than those of the inner side of the limb, so that in walking the toes turn outwards.

After she began to walk, from some cause unknown, probably over-excitement of the mind, the pain came back in the head, which was subdued in two or three days by giving in addition to the other medicine, 20 grains bromide potassa with a little chloral, and directing her to be kept perfectly still.

Yesterday, for the first time, she was able to raise the arm.

The patient is a little too anxious, and will be apt to overdo, but if we can keep the nervous system composed, and induce regular and systematic exercise, she will doubtless gradually regain the use of the parts.

Our success in the management of these cases depends upon the proper adaptation of treatment to the successive stages of the disease.

In the use of the bromide and iodide we bring in an alterative, combined with a moderate sedative and quieting influence, allaying morbid sensibility, and promoting absorption; when this has been accomplished, we shall begin, very cautiously, little by little, with another class of remedies, *viz.*, nerve tonics, of which strychnine stands at the head.

The great thing is to know when to leave off the alterative and begin with the tonic treatment; if we commence the latter too quick, it will bring on a return of the pain in the head,

prostration, fever, and loss of power; if deferred too long, the patient will cease to improve and become exhausted, grow pale and feeble.

Treatment should be so conducted as to remove the inflammatory action, and get rid of the exudation, then, and not before, commence giving the other class of remedies.

I have usually withheld tonics as long as hyperæsthsia or muscular rigidity remained.

You will notice in the early stage of paralysis, from inflammatory action especially, that hyperæsthesia will be the rule, with more or less actual stiffening or rigidity in the paralyzed part. As long as these conditions exist, you are safe in acting upon the rule, that no benefit will be derived from the use of strychnine, or the different varieties of electricity, galvanism, and other stimulating agents.

When hyperæsthesia ceases, and there is flaccidity of the muscles, you will find it advisable to gradually diminish the sedatives and alteratives, and commence the use of nerve tonics; feeling your way carefully by introducing the battery, very carefully at first, giving moderate doses of strychnine, $\frac{1}{80}$ grain, morning and night, while you continue the bromide and iodide after breakfast, and dinner, and at bedtime.

If this is well borne, the potassium mixture may be limited to supper and bedtime, giving the strychnine three times a day, afterwards increasing the dose to $\frac{1}{40}$ grain, and giving the solution of the bromide at bedtime only, which will contribute to sleep and keep the secretions free.

In this way a full restoration to power and normal sensibility may be brought about, usually in from one to three months.

We shall continue to pursue the present order of treatment in the manner alluded to.

The question as to the probability of a full and perfect recovery, depends on whether positive sanguinous extravasation has taken place; if not, the mere inflammatory exudation can be made to be reabsorbed and function restored; if sanguinous, we shall be unable to bring about resorption of the fibrinous material, the brain in the vicinity will remain hardened, and its

functions permanently suspended, ultimately proving fatal from altered nutrition and disintegration of brain substance.

CASE III.—CHRONIC INFLAMMATION OF THE STOMACH AND ŒSOPHAGUS.—This patient is a young German, whose business has been barkeeping. He has not drank what is called to excess, but daily taking more or less alcoholic drink.

The combined influence of this habitual use of liquor, and too much confinement, has engendered well-marked gastric irritation, probably genuine follicular inflammation, but of a very low grade, just sufficient to give rise to an increased secretion of gastric fluid, and vomiting, or what is called pyrosis, every morning before breakfast.

In addition there is, more or less distress after taking food, which produces a heavy sensation in the stomach, and is sometimes rejected.

Besides these symptoms there is a difficulty in swallowing, so that extra effort is required, and it hurts, as if there was a sore place in the œsophagus; there is a degree of actual inflammation of a chronic character in the lining membrane of the pharynx and œsophagus, similar to that existing in the follicles of the stomach.

I have noticed, occasionally, from the commencement, a peculiar noise in his breathing, a coarse rough sound, and he complains of not getting breath good, of a want of air. Three-fourths of the respirations seem natural in sound, but if he takes a quick breath it will bring a vibration in the vocal apparatus, giving a peculiar sound with the ingress of air, and this may sometimes be detected almost to the bottom of the chest. This led me to examine more closely to see if there was any evidence of a tumor or enlargement of the aorta which would exert mechanical pressure upon the trachæ, but I was unable to discover anything of the kind. The chest expands easily.

I think there is a degree of direct nervous irritation that is reflected to the larynx, causing tension of the vocal apparatus, and a sense of constriction that extends more or less to the tubes below.

The tongue is red along the edges and at the tip, the papilla

a little prominent, but not much coated; lips red; face flushed, and covered with an eruption resembling psoriasis, a form of tetter, consisting in slight tumefaction of the skin, with desquamation of the cuticle; this appeared within the last few days.

The membrane covering the tonsils and lining the pharynx is a little reddened, and the parts are swollen and tumefied.

When admitted, complaining of these symptoms, and learning his previous history, I directed a powder of

Bismuth Subnit.,-----grs. vj.
Lupuline,-----grs. ij.

To be taken three times a day, before meals, and to hasten the disappearance of the inflammation in the stomach, I prescribed, in addition, the following solution:

R. Carbolic Acid,-----grs. vj.
Water,-----℥ij.
Tinct. Opii et Camph.,-----℥jss.
Glycerine,-----℥ss. M.

One teaspoonful to be given after each meal.

The patient improved to a certain extent, vomiting less frequently, but the difficulty of swallowing, difficult breathing, etc., remained; treatment so far had not seemed to make much impression on that part of the difficulty.

Two days ago, when this eruption on the face made its appearance, and the membrane of the pharynx assumed a darkish hue, I was led to believe that there might be another element present, which had operated to produce a degree of impurity of the blood, of a specific character.

I accordingly directed, in place of the carbolic acid solution, the following:

R. Iodide Sodium,-----℥iij.
Hydrag. Bichlo.,-----gr. j.
Fl. Ext. Conium,-----℥j.
Syr. Licorice,-----℥iij. M.

One teaspoonful after each meal, the powders of bismuth, etc., to be continued as before.

He has not been on this long enough to develop decided effects from it, but if it does not set up an irritation of the

stomach, it will not be a week before this eruption and much of the bad feeling in the upper part of the pharynx and œsophagus will disappear, by that time the powders should be limited to twice a day, at breakfast and dinner, giving the liquid mixture as before; meanwhile the diet should be carefully guarded.

Correspondence.

WHEN DOCTORS DIFFER WHERE IS SAFETY?

In the columns of THE EXAMINER for January, March, and April, the subject of "Morphia as a Parturient" has been treated by different members of the profession, and results of experience and observation differing so widely and so antagonistically with each other, have been expressed by men of acknowledged ability and success as practitioners, that the question has become one of embarrassment, especially to our young men just entering upon the arduous duties of practice.

In my early professional training, I was taught to receive the doctrine of *specific remedial agency* with much caution and many grains of allowance, and in the course of a somewhat protracted experience, I have proven, time after time, that those teachings were wise and judicious.

The nearest approach to *specific agency*, perhaps, is that of sulphate quinine in intermittents, and sulphur in scabies, both of which do occasionally fail, and the physician prescribing is doomed to disappointment. An occasional failure, however, to meet the demand and promptly and at once fulfil the indications, is scarcely, I think, convincing evidence that the remedy is at fault, or possesses properties, other than those under the light of science and experience ascribed to it, but rather that some pathological or other condition of the case, not apparent at the time, was the preventing cause, so that, in that particular case, the usual effects of the remedy were not realized.

With regard to the subject before us, we have two medical agents or articles of medicine, differing widely in both their

history and properties, and so far as experience in their uses go, produce opposite effects when administered to the parturient female. At least, in the light of passed experience, such has been the generally received opinion of the profession.

The sulphate morphia, while not regarded as an anæsthetic, is, by the profession generally, considered as justly entitled to head the list of anodynes, and as such, has been, and still is, one of our most valuable agents. Testimony in its favor, so voluminous and convincing, scarcely admits of a doubt, especially in that peculiar condition of the *encient* female, upon which abortion is so often made to depend.

But even under these circumstances, it not unfrequently happens, that under the most judicious use of the agent, the abnormal process continues, and abortion is the result, not, however, as the effect of the remedy, but in spite of its use; depending, in some cases, upon causes known and well understood, and, in other cases, the cause is so couched in obscurity, that the fact must be accepted, though hard to be explained.

I have not, at any time, because of a failure to realize the soothing and anodyne effects common to its use under these circumstances, felt authorized to attribute new and opposite results to sulphate morphia; and, although the process of abortion or labor at term may go forward to completion, even with increasing energy, while morphia is being given, it only proves to my mind, that nature, in the use of her own means, is disposed to accomplish her own work in her own good time and way.

Obituary.

DIED.—At his residence near Heyworth, Illinois, on the 12th of August, 1870, Hon. Harrison Noble, M.D., in the 59th year of his age.

Dr. Noble graduated at the Ohio College of Medicine in 1847. Previous to this time he had been engaged in agricultural pursuits, and early in the history of McLean County was

county surveyor. He was a man of great strength of mind and will, and a close student, and immediately upon his debut in medicine became prominent in the profession of the State. As President of the Illinois State Medical Society, he was one of its most honored and efficient presiding officers; he was regular in his attendance upon its meetings, and acted frequently and ably as chairman of important committees. At one time he made a special report upon typhoid fever, which was regarded as a very able effort. He was also a member of the American Medical Association, and frequently attended its sessions.

The doctor represented his district in the State Legislature two consecutive terms and was a prominent working member of that body. The then Governor of the State, declared in a public speech, that he owed more to him for valuable assistance than any other member of either house.

At the last gubernatorial canvass he was a prominent candidate for the nomination for Governor, by a number of the central counties of the State.

Personally, Dr. Noble was a man of splendid physique and commanding presence, a good advisor, and a true and faithful friend. By his death a void has been created in the circle of society he ornamented, and in the profession that he elevated by his counsels—but—

"He gave his honors to the world again,
His blessed part to Heaven, and slept in peace."

At a called meeting of the McLean County Medical Society, on Wednesday, March 15, 1871, at the office of Drs. Bradley & Laughlin, in Bloomington, Illinois, to take action with regard to the death of Dr. S. W. Noble, the following preamble and resolutions were unanimously adopted:

Whereas—We learn with sadness that our much loved companion—Dr. S. W. Noble—after a protracted and painful illness, which he endured with great fortitude and patience, died on yesterday, at 7 o'clock P.M.

Resolved—That in his untimely death our Society has lost one of its most honored and useful members; the community a

man of superior character and influence; and his family a devoted husband and affectionate father.

Resolved—That we will ever cherish the memory of his ardent attachment to the interests of our Society, and his unremitting devotion to the cause of our noble profession, to whose dignity and practice he consecrated all his powers and all his great talents, and in the service of which he spent his life.

Resolved—That we commend Dr. Noble's example, in that his devotion to his beloved science prompted him to express his desire that a *post mortem* examination of his body be made, in order to confirm or correct the diagnosis of his case.

Resolved—That we hereby tender to his bereaved family and friends our sincere sympathy in this their sad and irreparable loss; and that a copy of these resolutions be published in the city papers, and in the Chicago journals, and also in the *Western Lancet and Observer*, and that a copy be handed to the afflicted wife of our deceased brother.

R. D. BRADLEY,
Secretary.

A. H. LUCE,
R. G. LAUGHLIN,
T. E. WORRELL, } *Committee.*

Selections.

SCROFULODERMA.

Scrofulous affections of the skin are easily recognized. We have had, however, during the last six years, a good deal of practical experience regarding strumous maladies of the skin—scrofula in all its forms being a very common disease in Belfast. Mr. Milton, in a former number of this journal,* offered some important suggestions on the present subject; following his example, we include under that name all strumous complaints found on the skin, no matter where they are situated, as ulcers superficial and deep, warty patches, enlarged glands, and also the indolent and dull red tubercular formations that tend to suppurate, eventually becoming covered with a thick scab, from beneath which oozes unhealthy pus, causing ulceration that

* *Journal of Cutaneous Medicine*, No 13, vol. iv.

proceeds, accompanied by slight loss of substance, the process ending by the formation of a scar.

Scrofuloderma verrucosum, which Dr. M'Call Anderson has dignified by the name of *Lupus verrucosus*,* is met with in strumous subjects, commencing by the development of small circumscribed, dusky, red, or violet-colored patches, often assuming a somewhat tuberculated form—healing, like lupus, in the centre, and spreading at the margins. These little tubercular spots are in many instances confluent, but more frequently isolated; finally warty growths appear on these elevations, of a dusky hue, due to a thickened condition of the cutaneous papillæ. The eruption is of a tedious and chronic nature. We lately had a young girl for eight months under treatment with this disease, situated upon the instep of left leg. The little patient's health had always been fair. The affection on the leg presented irregular rugous patches covered with warty excrescences, separated from each other, with a tendency to ulceration around the margin of the disease.

During the year 1867, 824 cases of skin disease were admitted at the Belfast Hospital for Diseases of the Skin; of this number, scrofulous affection occurred to the extent of 12 per cent., at which average these cases have remained, occasionally increasing, however, especially in the Spring. Indeed, from the number of patients admitted in the early part of the year, one may say, with Shakespere (who refers to the "King's evil" being cured by royal touch):—

"Strangely visited people,
All swollen and ulcerous, pitiful to the eye—
The mere despair of surgery—he cures,
Hanging a golden stamp about their necks,
Put on with holy prayer."

With regard to enlarged or strumous glands, we know that lymphatic glands enlarge by cell hyperplasy, and afterwards are prone to undergo cheesy degeneration, ending occasionally in an ulcer; by which we are to understand one determined by the inflammation and ulceration of a lymph gland enlarged by cell hyperplasia, and which has undergone degeneration. These ulcers are liable to occur about the region of the neck, in company with eruptions on mouth and cheeks, usually impetiginous, or with otorrhœa, discharge from mucous membrane of mouth and nose, conjunctivitis, etc. They are characterized by great obstinacy, and encroachment upon the connective tissue, and also by their serrated borders. In scrofula, it is the glandular

* *Journal of Cutaneous Medicine*, No. 1, vol. i.

system that is primarily affected, accompanied by engorgement of the capillary vessels and languid circulation, the blood being decidedly degenerated.

Dr. Sterl, of New York, has lately (*Medical Gazette*) written on the production of scrofula. He finds that, in scrofulosis, perfect oxygenation of the blood does not take place; for physiological experiments have proven that fibrin, so necessary in supplying muscular waste, is formed in the blood from albumen by the action of oxygen. He says:—

“The air of our city (New York) we know, is to a certain extent vitiated, and does not contain the requisite proportion of oxygen; but, in addition to this, our population is undoubtedly afflicted with an abnormal condition of the receptacles of this oxygen in the lungs; the blood cells, which, owing to the use of insufficient, unsuitable, or deleterious food, or from other causes, do not possess the vitality necessary to a healthy performance of their functions.

“The urine of scrofulous persons, and that of children, selected for obvious reasons, contains a superabundance of the salines, with an excess of hydrochloric, phosphoric, and lactic acids; not unfrequently oxalic acid.

“The perspiration has a decidedly acid reaction, and is of more than usually offensive odor.

“The secretions from mucous membranes are augmented, and tend to become excessively albuminous under inflammatory action.

“Lymph, too, exists in superabundance, owing to the inordinate activity of hypertrophied lymphatic vessels and glands, and, like the blood, it contains more than its natural proportion of albumen.

“The scrofulous diathesis I have always found most decidedly marked during and before the period of the first dentition.”

Some French physicians divide the great class of scrofulides into benign and malignant; and, as symptoms of the first period of scrofula, recognize primary lesions, classified as exudative, erythematous, and papular. In the first-mentioned class, strophulus, impetigo, and sebaceous acne are contained, all forms of the latter being regarded as strumous. Amongst the erythematous forms of scrofulderma, M. Bazin places chilblains, especially those accompanied by deep-seated chronic inflammation of the subcutaneous tissue, a structure affected in preference by scrofula.

Tenacity, persistence, gradual extension to new tissue, participation of lymphatic glands and sub-cutaneous cellular tissue,

ending in suppuration, are characters common to scrofuloderma, which, moreover, differs from other skin complaints in absence of itching, and usually of pain.

Cazenave looked on "malignant scrofulides" as manifestations of hereditary syphilis, being remarkable for their well-defined limits and tendency to relapse. "These eruptions are divided into three classes—ulcero-crustaceous, tuberculous, and erythematous. The crustaceous scrofulide contains two important varieties—inflammatory ulcerating and ulcerating with fibro-plastic formations. The first commences with tubercles or pustules simply inflammatory, which degenerate into ulcers that destroy surrounding soft parts, but are arrested by the bones. These ulcers cover themselves with thick green crusts, imbedded in the skin, and formed of concentric layers. After the crust has fallen and the ulcer healed, there remains a white irregular cicatrix, contracting the tissue like those of a burn, and adherent to the bone. In the second variety, the tubercles are fibro-plastic, caused by a proliferation of the cellular tissue, and the ulcers attack the bone as well as soft parts." The primitive element in the class of tubercular scrofulides is a fibro-plastic tubercle remaining stationary without ulceration on the cutaneous surface; however, cicatrices are produced, as if from an open ulcer, new fibrous tissue filling up the excavation caused by destruction of sub-cutaneous cellular tissue. The erythematous scrofulides of Bazin appear to be of an innocent nature. In some cases the subcutaneous tissue becomes œdematous, and of a pasty feel. There is no burning, itching, or pain, and eventually a white, irregular cicatrix appears in the centre of the patch, which gradually extends to the circumference. Malignant scrofulides are distinguished from cancer by the edges of the ulcers, which are undermined, instead of prominent; by the bottom, which does not present the hard, fleshy, granulations of cancer; and by absence of pain.

A few words on treatment, and we are done. Mr. Milton,* who, as a practical observer and trustworthy writer, is excelled by no one, places great faith in "plenty of purgatives." He believes that the patients get well as quickly, if not quicker, by this plan, than with iron, cod-liver oil, etc. A tablespoonful of old rum in a half-a-pint of new milk every morning, is, he thinks, a capital nutritive agent.

Dr. Laycock recommends the phosphates of lime, either pure or as ivory dust, in the various forms of struma, as well as in some syphilitic affections, on account of it supplying phospho-

* See Mr. Milton's paper, *Journal of Cutaneous Medicine*, No. 13.

rus to the nerve tissue. The local treatment is all-important: if there be much inflammation, poultices are required. Say we have in the person of a young lady an enlarged and suppurating gland on an exposed part, and which has been religiously poulticed for several days, how shall we best avoid a mark? Simply by applying a leech, and through the leech-bite, with a fine knife, such as is used for operations about the eye, make the necessary puncture—not incision. To prevent an enlarged gland from suppurating, we know of no remedy except nauseating doses of tartar emetic, and ice to the gland. It is not every one, however, who will permit of this treatment. When an enlarged gland is in an “indolent” state, it is a good plan to apply a fly-blister over it, which will either hasten suppuration or excite absorption; or Mr. Jordan’s plan of blister near the enlarged gland, and application of a bag containing shot to enlargement, can be tried. If it be an open strumous ulcer, the iodide of lead ointment is a very excellent and well-known remedy; if, however, the discoloring of the skin is objected to, iodide of cadmium may be substituted. When there is much discharge, astringents at commencement may be necessary, as sugar of lead, tannin, etc. The country people often use an alcoholic decoction of fresh walnut leaves with which to bathe and apply to the open “sores,” and it is said with advantage. Some excellent remarks are contained in a back number of the *Medical Circular*, on the treatment of the disease under notice, as well as in causing scars by meddling surgery in scrofulous glands. The scars do not depend, the writer says, on the strumous glands being opened, but on the time of doing so. If opened at all, they should be opened very early. A scrofulous gland, when it begins to suppurate, contains a substance like soft cheese; afterwards a thin ichor. If it has softened down before it begins to adhere to the integument, the method then to prevent scars will be to make a longitudinal incision before the integuments are spoiled, with a knife, and press out all the softened gland. The cavity will then granulate and heal, and nothing remain but a white line. If the gland be left to pursue its course, and, still worse, if poultices be applied—or if much inflamed, and tincture of iodine be used, the gland adheres to the integument, which becomes absorbed and destroyed; and after healing, the wound becomes puckered, arising from loss of substance: hence the scar. Empirical treatment of disease, and especially of scrofula, is often absurd. Heberden, in his *Commentaries* writes as follows:—“It has been an old dispute among physicians whether the empirical or rational method of

curing disease was to be preferred. If by the empirical method be meant that which is founded on facts recorded by others or observed by ourselves, it must be allowed that by this means only has the practice of physic been established. Fact and repeated experiments have alone informed us that jalap will purge, and ipecacuanha vomit; that the poppy occasions sleep, and bark will cure an ague. If we examine the whole *Materia Medica* and the whole practice of physic, we shall not find one efficacious, simple, nor one established method of cure, which was discovered or ascertained by any other means."

The constitutional treatment of scrofulous affections may be dismissed in a few words: plenty of out-door exercise; residence, if possible, at the sea-coast; and, as regards medicinal agents, cod-liver oil, syrup of the iodide of iron; iodide of ammonium, iodide of potash; or, in some cases, Neligan's solution of arsenic, iodine, and iodide of potash. A good purgative, as recommended by Mr. Milton, containing calomel, is also of service, given about every seven days. In some cases, tincture of iodine, administered in sherry, answers very well—or used locally, five to eight drops being injected, with a hypodermic syringe, into an enlarged gland.

A few words will be found in our *Miscellaneous Memoranda* on cerealine, and the manner in which linseed and bran are used at the Ulster Institution for Deaf and Dumb, since 1862, with marked success, in diminishing the number of strumous complaints—to which, by the way, as we have shown in table of diseases* observed at all the English, Scotch, and Irish Asylums, deaf-mutes are very subject. For delicate children of a scrofulous diathesis, "wheat phosphates," which is really cerealine, should be given with milk, especially as pointed out by Dr. Klencke, of Leipzig, that the milk of stall-fed cows contains very little sugar, and that the butter and casein are diminished, whilst the albumen is often as high as 15 per cent. Moreover, stall-fed cattle are liable to become tuberculous, as testified by Dr. Carsewell.

Such are the principal views regarding the pathology and treatment of a very common disease.—*Journal of Cutaneous Medicine*.

* Observations on Medical and Sanitary Treatment of Deaf and Dumb. By H. S. Purdon, M.D. 1868.

A CURE FOR HEMORRHOIDS.—Calomel applied (*Pacific Med. and Surg. Jour.*) dry once or twice a day to tumid and tender hemorrhoids rarely fails to cure them in a few days.

THE PATHOLOGICAL RELATIONS OF THE GASTRIC AND INTESTINAL TUBULES.

A Lecture by AUSTIN FLINT, M.D., Professor of Practice of Medicine in Bellevue Hospital Medical College.

MR. PRESIDENT:—The paper which I am about to read will not contain any original observations, experience in practical microscopy being necessary, and I have not the qualifications or the leisure to engage in it. As regards the histological aspect of my subject, the facts to which I shall refer have been contributed by the English observers, Handfield Jones, Wilson Fox, and Samuel Fenwick.

I have for years been convinced that the secretory glands of the alimentary canal form a domain in pathology unexplored, but from which important accessions are to come, and I have predicted that the tubules there found will present degenerative changes, which will satisfactorily account for that class of cases characterized by progressive and fatal inanition. I shall first give a history of some cases of this class which have fallen under my own observation.

CASE I.—Gentleman, æt. 60. Health good up to the time anorexia began. No disease could be detected in any of the organs after a careful investigation, but for all, his appetite continued to fail till he could scarcely be prevailed on to take food in any form. His weight failed without notable emaciation, and by degrees his strength so far yielded that he was obliged to keep to his bed. At the time I saw him the pulse and skin did not denote fever. Various tonics and stimulants were given, but with no result.

Inanition continued and patient died. There was no autopsy.

I studied the case carefully, and was unable to account for the nature and seat of the disease.

CASE II.—In March, 1866, saw in consultation a gentleman æt. 60, who had been ailing some months before I saw him. Without any appreciable cause his strength began to fail as anorexia progressed.

Shortly after I saw him he died. As in the former case, no cause could be discovered. An autopsy was refused by the friends.

CASE III.—In the summer of 1868, I saw often with my lamented colleague, Dr. Geo. Elliott, a gentleman æt. about 55 years. The history of this case only differed from the others in the fact that he had occasional vomiting. Toward the close

he passed under the hands of an homœopath; but I have learned that he died by exhaustion.

CASE IV.—In May, 1869, an analagous case came under my observation in the practice of Dr. Jno. P. Hutchinson, of Brooklyn. Dr. Willard Parker was associated in consultation. The age of the patient was 60. He had been ailing for several months. The only difference in this case from the others was that he had occasional diarrhœa, but the history and symptoms denoted intestinal indigestion, and not ulceration or inflammation. Emaciation was more marked in this than in the previous cases.

The cases here recorded are males, but I visited, with my colleague, Dr. Fordyce Barker, a female patient in October, 1868, and another in January, 1869, the facts in both being similar to those I have given a summary of. The ages of each of Dr. B.'s cases were in the neighborhood of 60. It may have occurred to some present that there is a relation between the foregoing class of cases and the "*idiopathic anæmia*" of Addison.

Dr. Addison says: "For a long period I have from time to time met with a very remarkable form of general anæmia without any discoverable cause—cases in which there had been no previous loss of blood; no exhausting diarrhœa; no chlorosis; no purpura; no renal affection, splenic miasmata, glandular, strumous or malignant disease. * * * *

It was while seeking in vain to throw some additional light on this form of anæmia that I stumbled on the curious facts that it is my more immediate object now to make known to the profession."

The facts referred to at the close of the quotation are the existence in these cases of infra-renal disease, and the absence of lesion elsewhere, to account for the anæmia and melasma. It is a reasonable supposition that Addison's cases, with and without the melasma, are to be classed with those which I have recited. Addison did not seek for the disease in the gastrointestinal tubules. It is not a recent conjecture of mine that, had his microscopical researches taken this direction, he would have found a more satisfactory explanation of the infra-renal capsules on which, as he says, he stumbled.

In a published clinical lecture, in 1860, I said: "I have not the presumption to explain these cases, but I suspect there exists degenerative disease of the glandular tubuli of the stomach," and, I added, "I shall be ready to claim the merit of the idea if the laborious researches of some one shows it to be correct."

Assuming that the cases of Addison's "*Idiopathic Anæmia*"

exemplify the pathological relations of the gastro-intestinal tubules, an important fact is that the anæmia is sometimes a remarkably prominent feature. In 1859, I saw a case at the New Orleans Charity Hospital, but as I was not aware at that time that Addison attributed the anæmia, when not accompanied by melasma, to supra-renal disease, the kidneys were not examined. The patient was a Spaniard, æt. 30; emaciated and anæmic, with no definite ailments except loss of appetite, occasional diarrhoea, and hemorrhoids. The hemorrhoids were removed, but no improvement in the general symptoms took place; a thorough examination of the different organs showed negative results. By degrees patient grew weaker and weaker, and died.

Post mortem examination gave no disease of lungs, heart, stomach, or intestines. The spleen was somewhat enlarged. Other organs not examined. I added a postscript, stating that the blood was not examined for leucocythæmia.

In 1860, I saw another case very similar, but no autopsy was obtained.

Greenhow has tabulated 196 cases of disease of supra-renal capsules of whatever kind, and of bronzed skin, with or without supra-renal disease.

Without entering into a discussion on the topic, I will simply remark that to prove the dependence of the symptoms on lesions of the gastric intestinal tubules, would not disprove a pathological relation of some kind in certain cases, between these lesions or their immediate effects and disease of the supra-renal capsules. The testimony of pathological anatomy yet remains to prove the views advanced, and an important contribution has been made in this quarter by Dr. Samuel Fenwick, of London, who has demonstrated extensive and destructive lesions of the gastric tubules, in a well-marked case belonging to the class which I have considered. In the *London Lancet*, of July 16th, 1870, he gives the case in full. At the *post mortem*, the stomach was found empty, excepting a small quantity of gas; here were no signs of *post mortem* digestion. When placed beneath the microscope the pits on the surface of the membrane were rather larger than usual, and well defined. The whole of the glandular structure of the organ was in a state of atrophy, and in no part could a section of normal tissue be found. In the pyloric and middle regions the secreting tubes seemed to be converted into a mass of connective tissue, but toward the cardiac region there is a trace of glandular structure. Here the tubes were scattered, flask like, and filled with granular matter

and fatty epithelial cells. In other places the ends of the tubes were expanded. Brunner's glands were unusually large. The villi of the upper part of the intestine were large, prominent, and contained fat, not as an emulsion, but as large drops in the interior of the villi.

In 1854, Handfield Jones wrote a paper on morbid changes in the mucous membrane of the stomach, and reported 100 cases where it had been examined with different diseases of the system. Of these, 28 were normal or nearly so, 72 diseased—and of these, 25 presented different conditions of diseased tubules.

Dr. Wilson Fox, in 1858, published the accounts of 100 cases taken indiscriminately, and finds different conditions of disease, but does not give the proportions nor particulars.

Dr. Fenwick says, in his researches in cancer, that out of 100 cases, exclusive of cancer, he found 17 in which there were extensive tubular changes in the splenic and middle region of the stomach, and in 75 of cancer of the breast, the same regions were extensively diseased. In twelve per cent. of cancer of uterus there were found morbid changes, and in ten of eighteen cases of cancer the tubules were more or less diseased. In conclusion, Dr. F. says, that it may readily be seen that in these changes there is an explanation of the anæmia which so often accompanies malignant disease.

Dr. Fenwick, in 1864, examined into the state of the tubules of the stomach in scarlatina. Of ten cases in which death took place during the first week, the tubules were greatly distended by granular and fatty matter, or by small cells intermixed with granules. Of six cases where death took place from the second to the third week the tubes were less distended, their closed ends being still loaded with granular matter. Dr. Murchison has examined the stomach of twenty cases in this disease, and noted similar results, but they did not occur in every case, and he has found them also in other diseases.

Dr. F. also examined microscopically the vomited matters in the third week of scarlatina, and found them to contain fibrous casts of the stomach tubes.

In accordance with the propositions at the outset, I shall consider a few points in the pathological relations of the gastric and intestinal tubules in different diseases. It is frequently difficult to account for death in different forms of disease otherwise than to suppose that these glands were diseased. In phthisis how common it is to see those whose lungs are extensively destroyed live for years, whilst on the other hand the reverse takes place. We account for the fact by saying there is or is

not a tolerance of the disease, but we do not explain. But clinical experience shows, other things being equal, that this rests on the ability to ingest or digest food, and as has been shown by observations of Fox, Jones, and Fenwick, that the tubules in chronic diseases are more or less diseased, it is not unfair to assume that in one class of cases extensive change has taken place, and the other not so much, if any.

Reasoning from a physiological, clinical, and pathological standpoint, we are warranted in the view that impairment of the digestive organs, together with anorexia, is symptomatic of morbid change in the gastric and intestinal tubules, but it remains to be determined whether the mobility to take certain kinds of food may not have a relation to the destruction of the gastric and intestinal tubules separately.

In writing this paper, my object has been to make further investigation on the subject. It forms a territory in pathology but slightly explored. I shall be glad if my remarks induce any to prosecute studies in this direction.—*Medical and Surgical Reporter*.

CHLORAL IN OBSTETRICS.—Dr. S. F. Starley, of Fairfield, Texas, writes as follows concerning the value of *chloral* in obstetric practice:

“For nearly twenty years I have used chloroform in parturition; but since the introduction of chloral I have substituted it for the former in a number of labors, and find it a valuable anæsthetic, and in many respects greatly preferable to chloroform. It is easy of administration, does not require the constant attention of the accoucher, and produces no sudden or overwhelming effect. I usually commence with twenty grains; in one or two hours, fifteen to twenty grains again, and then often enough to keep up the anæsthetic effect. Quite recently I was called to a lady in her third labor, who, from living in a malarial region, and from repeated chills, had well-marked malarial cachexia; and who, just after my entrance into her room, was seized with a violent convulsion, which soon passed off, leaving her in a semi-comatose condition. Thirty grains of chloral were administered as soon as she was able to swallow. Immediately upon sufficient dilatation of the os uteri the forceps were applied, and she was delivered of a healthy child. She had no more convulsions, and made a good recovery. The favorable result in this case is fairly attributable, I believe, to the early administration of the chloral and the prompt application of the forceps. In another case, where the convulsion

occurred just after the birth of the child, thirty grains of chloral were administered; another convulsion, and one-sixth of a grain of morphia was used by hypodermic injection; no more convulsions, and the patient recovered promptly. My experience leads me to believe that puerperal convulsions are of frequent occurrence in malarial regions; probably in consequence of the blood deteriorating from the subtle poison of those regions. Now if chloral is so efficient in *curing* convulsions, might not its timely administration to women in labor prevent their occurrence?"

The doctor speaks highly of the value of chloral in producing relaxation in case of rigidity of the os uteri. He believes it contraindicated when there is organic disease of the heart or danger of pulmonary congestion. Finally, he desires to urge upon his professional brethren the importance of the employment of this agent in suitable cases.

While referring to the subject of chloral in obstetrics, we append the following inquiry from Dr. Charles B. Tydings, of Big Spring, Ky., and possibly Dr. Starley or some other of our contributors will furnish the desired information. Dr. T.'s inquiry is, "Does the hypnotic effect of chloral, when administered as an anæsthetic in parturition, extend to the child also?" He then states that in the only case under his observation it was given in fifteen-grain doses every twenty minutes for an hour and twenty minutes. The mother was unconscious at the birth of her child; and both mother and child fell into a profound slumber of eighteen hours' duration. Is it usual for such results to occur?—*American Practitioner*.

NOVEL MODE OF CONTROLLING HEMORRHAGE.—Dr. J. H. H. Burge (*N. Y. Med. Jour.*) contributes the history of a case of Placenta Prævia attended with profuse hemorrhage. He found a small margin of the placenta presenting. The liquor amnii had completely drained away, so that the outline of the child could be made out through the abdominal walls. The examination excited some pain and caused considerable hemorrhage. Observing that during the pain the pressure of the child's head upon the placenta controlled the flow, he in the intermission grasped the uterine tumor and pressed steadily in the direction of the os. This was continued with perfect success for two and a half hours, when a living child was born, and the placenta followed without loss of time. During all this time, if the pressure was relaxed while the uterus was inactive, hemorrhage was sure to follow.—*Medical Record*.

A CASE OF BUCCAL CHANCER.—E. Burke Haywood, M.D., Raleigh, N. C. (*Transactions North Carolina Medical Society*) recently saw a young lady suffering from buccal chancre, caused by a kiss given her on the lips by her engaged lover, who was at that time suffering from secondary syphilis. The contagion was communicated by the secretion from a mucous patch on the upper lip of the lover. He was ignorant of the danger of contaminating his lady-love by this manifestation of his affection. He had been under treatment several weeks before for primary syphilis, and thought that he was cured. The young lady, when first seen, had a well-marked chancre on her upper lip, which had existed for more than ten days, and was thought by her to have been caused by a chapped lip. There was much induration of the upper lip, and the parotid and submaxillary glands were much enlarged and very painful. The induration continued for several weeks, and was followed by well-marked secondary symptoms.—*Medical Record*.

ENDEMICS AND THE SOIL.—At the last meeting of the British Association in Liverpool, Dr. Moffat, of Hawarden, read an interesting paper on “Geological Systems and Endemic Diseases,” showing that the soil had an influence on the composition of the cereal plants grown upon it, and on the diseases to which the inhabitants are subject. The district in which he practices consists geologically of the carboniferous and new red sandstone, or Cheshire sandstone systems.

Anæmia with goitre is prevalent among those living on the carboniferous systems, whilst it is almost unknown among those living on the new red sandstone system; and consumption is also more prevalent amongst the inhabitants of the former. Dr. Moffat has found by analysis that the wheat grown on the soil of the Cheshire sandstone, contains the largest quantity of ash, and that there is a larger quantity of phosphoric acid grown on the soils of the carboniferous and mill-stone grit systems. He has calculated that each inhabitant of the Cheshire sandstone, if he consumes a pound of wheat daily, takes in nearly five grains per day of the sesquioxide of iron more than the inhabitant of the carboniferous system, who seems, therefore, to be subject to anæmia in consequence of deficiency of iron and phosphoric acid in his food.

It is not only in the wheat grown upon the carboniferous system that there is a deficiency in the quantity of iron and the phosphates, according to Dr. Moffat, but also in the blood of the animals reared upon it. He stated that sheep were liable

to anæmia, which he attributed to sheep-walks being upon trap and limestone hills, in the soil of which there is but little, if any, iron.—*National Medical Journal*.

INCREASING DRUNKENNESS IN ENGLAND.—In the Manchester district, the number of commitments to jail for drunkenness, in proportion to other offences, was: in 1866, 26 $\frac{3}{4}$ per cent.; in 1867, 27 $\frac{1}{4}$ per cent.; in 1868, 29 per cent.; in 1869, 30 per cent.; in 1870, 37 per cent. It might be well for medical men, who are in the habit of prescribing and encouraging the use of intoxicating drinks, to reflect whether there is any relation between this growth of intemperance and the increased use of alcohol for medicinal and dietetic purposes under professional sanction. Many of the most eminent British physicians have spent much labor, in the last twenty years, to expose the errors and follies of the teetotalers, and to prove that total abstinence is unfavorable to health. We venture to propound two inquiries, which we deem pertinent to the subject, and which may be answered by *guessing*: First, in view of the foregoing figures, how many persons in the Manchester district have suffered in health and life, during the last year, by the use of strong drink? Second, how many persons in the same district have suffered in health and life by drinking only water? Neither of these questions admits of a definite answer, but the endeavor to answer them suggests a third: If the claim of our profession to philanthropy be well founded, would it not be well to reserve a few tears for the victims of intemperance, and not exhaust the supply over a few individuals who are supposed to endanger their health by drinking water?—*Pacific Medical Journal*.

THE ACTION OF URINE ON THE TISSUES.—Prof. G. Simon (*Deutsche Klinik*) has made experiments on this subject. He remarks that it has been a dogma in surgery, that urine, whatever may be its reaction, has a destructive action on tissues not protected by an epithelial covering. He injected subcutaneously in rabbits pure acid urine. It was absorbed without any apparent bad effect. Operation wounds moistened with fresh urine healed by primary intention. When ammonical urine was injected, even though it had been filtered, abscesses were formed, and the skin over them became gangrenous. In view of these results, the gangrene which appears so rapidly in cases of infiltration of urine, must be ascribed to the mechanical action of the fluid driven forcibly among the tissues, so as to tear or compress the bloodvessels. In plastic operations on the uri-

nary or sexual organs therefore, it is unnecessary to leave a catheter in the bladder so long as the urine is acid, whilst such operations should not be performed, if possible, when the reaction is alkaline.

CURE OF OLD ULCERS BY A RECENTLY DEvised OPERATION.

—Dr. Howard, of Brooklyn, presented a case of eight years' standing, which had been the result of a gun-shot wound, and was at present undergoing a rapid cure from treatment. The operation was first suggested and performed by an interne in a Paris Hospital, and for the past six or eight months had been practiced at the Charity Hospital, Blackwell's Island, by Dr. Frank H. Hamilton.

Dr. Howard said, that in the case he presented no tendency to heal occurred for years, but after implanting in it two small shreds of skin, the entire circumference of the wound showed signs of activity. In four days two other pieces were imbedded in the ulcer, where they adhered. The first portions of skin were very small and soon sloughed out; the second were larger, and instead of sloughing grew more vascular.

In this operation a piece of skin may be snipped off any part of the body, and differs from the old method—first, that there is no continuity required in the replanted portion; secondly, that one or several very minute pieces may be imbedded, according to the size of the ulcer. The only precaution that is necessary in operating being to cover the transplanted tissue with transparent adhesive plaster.—*Medical and Surgical Reporter.*

INVESTIGATIONS AS TO THE CAUSE OF THE GREAT GRAVITY OF ANTHRAX AND FURUNCLES OF THE FACE.—The numbers of the *Archives Generales de Medecine* for June, July, and August last, contain an elaborate article on this subject, by J. L. Reveratin, Interne Lauréat des Hôpitaux. The following are his conclusions:—1. Anthrax and furuncle of the face are very grave affections. 2. This gravity is owing to their being prone to be complicated with phlebitis. 3. Facial phlebitis tends to a fatal termination, either by its extending to the sinus of the dura mater, or by becoming the source of purulent infection. 4. Anthrax in the lips is complicated more frequently than when situated in other parts of the face with phlebitis, which fact is to be accounted for by the particular structure of the lips. 5. Anthrax of the lips is entirely different from malignant pustule. 6. The extension of phlebitis to the orbit, shown by the presence of exophthalmia, shows almost positively

that the sinus has become affected. 7. Incision, made as rapidly and as largely as possible, appears to be the best means of preventing and sometimes of arresting the complication of phlebitis.

CHLORAL IN TETANUS.—The journals in Europe and America are reporting a considerable number of cases of tetanus, mostly idiopathic, treated by chloral, some of which have recovered, whilst the great majority prove fatal. An interesting case will be found in this journal, which terminated favorably, reported by Dr. Cluness. The *Australian Medical Journal*, for November last, contains the report of a similar case, in which the symptoms were much relieved at first by the remedy. The patient died, however, in five days from the attack. The quantity of chloral administered during the four days of treatment was 560 grains.—*Pacific Medical Journal*.

TREATMENT OF SCARLET FEVER AND SCARLATINOUS DROPSY BY BATHS.—In twelve cases of scarlet fever, complicated with diphtheria, the cold-water bath was employed whenever the temperature of the child reached from 38.5° C. to 39.5° C. The temperature of the bath was 25° C., and the time of immersion varied from eight to ten minutes, the bath being repeated, in some cases, every hour. Of these cases five died, while seven recovered; while in no case did dropsy supervene. Cases of scarlatinous dropsy were treated according to Liebermeister's suggestion, by warm baths, the temperature of which was gradually raised from 38° to 40° C. The child was kept in the bath half-an-hour, and copious diaphoresis kept up for two hours. The result was very satisfactory, the transudation being gradually and progressively absorbed without other medication.—*Jahrb fur Kindersheilkunde*.

AN EPIDEMIC OF KINE-POX—THE AGE OF JENNER RETURNING.—Quite a sensation has been produced very recently in professional circles in San Francisco, by the discovery that an epidemic of kine-pox has broken out among the cattle on the dairy ranches of Marin County, the disease extending to the hands of milkers, as in the days of Jenner. A portion of the virus in the form of crusts has been procured and used for vaccination, producing what is beyond a doubt the true vaccine disease. Several of our physicians, especially Drs. McMillan and Trask, have conducted these experiments. Perhaps it is too soon to make a full report on the subject. In another month, however, we shall be prepared, from personal observation, and

from the testimony of the gentlemen above named and other experimenters, to give our readers a complete account of the outbreak of the disease among the cattle, and its character when transferred to the human system. Although we are not among those who believe that vaccinia has lost anything of its virtue by transmission in the human subject, yet it would be highly satisfactory to have a renewal of the supply of virus from a spontaneous development of the disease in the rare form of an epidemic.—*Pacific Medical Journal*.

SUBCUTANEOUS INJECTIONS.—Dr. Hanfield Jones recently presented to the Clinical Society of London a “Query as to the Safety of Subcutaneous Injections,” in which three cases were recounted of more or less serious fainting after the injection of small doses of morphia or opium, and other published cases of serious symptoms following injections of morphia were cited. He thought it worthy of investigation whether intolerance of opium was manifested by any objective signs, and if such intolerance might exist at one time and not at another. He also asked whether valvular or muscular cardiac lesions increased the tendency of syncope, or whether, as seems to be the case in chloroform syncope, some latent infirmity of the cardiac nervous centres is at fault.—*The Medical Gazette*.

ULCERS A CAUSE OF BRIGHT'S DISEASE.—Professor Fischer, of Breslau, has shown that chronic ulcers of the legs, if allowed to persist unhealed, invariably lead to amyloid degeneration of the kidney. Hence the cure of such ulcers becomes a matter of great importance. Dr. Fischer recommends Langenbeck's continuous bath as the best treatment.—*Journal of Cutaneous Medicine*.

BROMIDE OF POTASSUM IN UTERINE FIBROIDS.—In the Boston Gynæcological Society a case of fibroid tumor of the uterus, which had been as large as a “small child,” was reported cured by the steady employment of bromide of potassium for eighteen months. Dr. Storer had used both this salt and the chloride of ammonium—the latter in some cases with benefit, though he seemed to think that the occasional shrinkage and disappearance of such tumors, previous to the passage of the climacteric, were rather coincidences than the effects of treatment. Dr. Sullivan preferred the bromide to iodide, because it “produced a more profound effect on the nervous system, and hastened molecular metamorphosis.”—*Pacific Medical Journal*.

DERMATOLOGICAL CONFERENCE.—A dermatological conference, to be held, say, in London, would be an event of much interest. Great Britain and Ireland, Germany, France, Italy, America, etc., ought to be well represented. Many important matters could engage the attention of the conference, as, for instance, a classification of skin diseases, the settlement of the vegetable parasitic question, the necessity for the licensing corporations recognizing dermatology, etc., etc. We merely mention the above idea; if thought feasible, we hope that steps may be taken to act on the suggestion.—*Journal of Cutaneous Medicine*.

STYPTIC COLLOID, for promoting the healing of wounds by the first intention, or for treating open and fœtid wounds, and for arresting hemorrhage, is well known to the profession. We have found the colloid a very good application for herpes zoster. Mr. Browne (*Liverpool Hospital Reports*, vol. iv) recommends us to paint a patch of eczema, complicated with varicose veins, freely with Richardson's styptic colloid, allowed to evaporate to half its bulk before being used; the film left by the colloid dries and contracts; it is then to be covered with a sheet of thin vulcanized india-rubber, and bandaged. Thus pressure is applied, and the atmosphere excluded.—*Journal of Cutaneous Medicine*.

THE INTERNAL ADMINISTRATION OF CARBOLIC ACID IN PRURITUS AND PRURIGO.—Prof. Binz agrees with Hebra that pruritus and prurigo may be relieved by the internal administration of carbolic acid. The subject was lately discussed at Bonn, and a report given in the *Berliner Klinische Wochenschrift*. We should think the sulpho-carbolates, as given by Dr. Sansom, might be tried. We gave in our last number an epitome of Dr. Sansom's investigations, which have been detailed more fully in his paper read before the Medico-Chirurgical Society, and published in vol. lii of their "Transactions;" and also in his paper read before the British Medical Association at the last annual meeting, and published in a recent number of the journal.—*The Doctor*.

CHLORAL FOR SEA-SICKNESS.—It has become the fashion for travelers about to cross the British Channel, and who are liable to sea-sickness, to escape the trouble by taking a dose of chloral before starting, and sleeping through the voyage. This will hardly do for crossing the Atlantic, or for the California voyage. But a judicious use of the remedy will at least serve to

give the sufferer a sound night's sleep, and protect him from the demon of the sea for half of each twenty-four hours.—*Pacific Medical Journal*.

NEW METHOD OF REDUCING DISLOCATIONS OF THE SHOULDER.

—Dr. Samuel Logan, of New Orleans, describes his method. The patient is placed on the back, while the surgeon, having removed his boots, seats himself so that his legs shall be nearly at right angles to the patient's body, but pointing rather upwards. He places the heel of one foot in the armpit, against the ribs, so as to press a little crosswise; the base of the great toe of the other foot is placed against the acromion process, and the surgeon pushes with moderate force while traction is made upon the arm.—*Transactions Am. Med. Association*.

CHLORAL AND CEREBRAL DISEASE.—In the *Phila. Med. and Surg. Reporter*, a case is mentioned in which twenty-five grains of hydrate of chloral were taken to overcome a wakeful and nervous condition, with the effect of producing sleep, followed next morning by vertigo and disturbance of vision. A case occurred recently in this city, in which the same remedy was prescribed by a physician to a lady laboring under cerebral excitement. Under the influence of the chloral she became maniacal, and committed suicide.—*Pacific Medical Journal*.

IMPORTANCE OF REVACCINATION.—There is a case on record of a woman who was vaccinated, we believe by Jenner himself, who then resisted variolous inoculation, who some years after nursed her own children through the small-pox with impunity, and who, nevertheless, at a very advanced period of life, caught the disease from a grandchild, and died.—*Lancet*.

INCURABILITY OF CHRONIC LEUCORRHEA.—It may be a useful lesson to some medical writers, who make no failures, or who are afraid to acknowledge them, to learn that so distinguished a practitioner as Scanzoni announces publicly that he has never cured a case of chronic leucorrhœa.—*Pacific Medical Journal*.

DR. BUTLER, of the *Philadelphia Medical and Surgical Reporter*, puts his journal in a pink wrapper as soon as a new subscription is due, and when payment is made the brown wrapper is resumed. If the pink should not succeed in a reasonable time, why not try black?—*Pacific Medical Journal*.

Book Notices.

A Medico-Legal Treatise on Malpractice and Medical Evidence, comprising the elements of Medical Jurisprudence. By John J. Elwell, M.D. Third edition, revised and enlarged. Baker, Voorhis & Co., publishers, 66 Nassau Street, New York.

The former editions of this work received the highest commendations from the leading medical and legal authorities of this country and England.

The opening chapter, devoted to the subject of malpractice, is of especial interest and value. The subjects of Amputations, Fractures, and Dislocations, out of the treatment of which grow the great majority of suits for malpractice, are taken up, and an exhibit of the present state of the science in regard to the surgery of these cases presented; that just what should be rightfully expected and required of the surgeon, may appear as far as possible, and what should excuse an imperfect result in his treatment. A digest of Prof. Frank H. Hamilton's able and valuable report on "Deformities after Fractures," and a chapter on the responsibilities of druggists, with the leading cases where they have been sued, close the part of the work devoted to civil malpractice.

Criminal malpractice, including the subject of abortion, is next presented, together with the leading adjudicated cases.

Part Second is devoted to the consideration of the leading points and subjects in medical evidence.

Infanticide, wounds, rape, and coroner's inquests, close up the subjects treated in this work.

The Causation, Cure, and Treatment of Reflex Insanity in Women. By Horatio R. Storer, M.D., LL.B. Lee & Shepard, publishers, Boston.

This is a reprint of a communication made by Prof. Storer to the American Medical Association, at its meeting in Boston, in 1855, and published in the Transactions of the Association for that year. It forms a small volume of 236 pages; well

worthy of the perusal of the general practitioner, and of special interest to those engaged in the management of female diseases, whether mental or physical.

Modern Therapeutics: a Compendium of Recent Formulæ and Specific Therapeutical Directions. By George H. Napheys, A.M., M.D. Second edition, revised and improved. Published by S. W. Butler, M.D., 115 S. Seventh St., Philadelphia; for sale by W. B. Keen & Cooke, Chicago.

This is a volume of 400 pages, published in good style, and neat cloth binding.

It contains, in addition to "Recent Formulæ," "Specific Therapeutical Directions," and, to some extent, the philosophy thereof, in the management of disease.

It also differs from other collections of therapeutical facts, in that it is arranged with reference to the diseases, instead of according to the articles of the *materia medica*, thus enabling one to turn at once to the therapeusis of any particular disease.

Insanity and its Treatment: Lectures on the Treatment, Medical and Legal, of Insane Patients. By G. Fielding Blandford, M.D., Oxon., with a Summary of the Laws in Force in the United States on the Confinement of the Insane, by Isaac Ray, M.D. Philadelphia: Henry C. Lea, publisher.

This is a neatly published volume of 470 octavo pages. It would form a very useful work in any practitioner's library, and its contents are of great value to those specially interested in the nature and treatment of the insane.

On the Wasting Diseases of Infants and Children. By Eustace Smith, M.D., London. Second American, from the second revised and enlarged English edition. Philadelphia: Henry C. Lea, publisher.

This is a small volume of 253 pages, devoted to the consideration of a very serious and important group of diseases, thus: "Atrophy from Insufficient Nourishment," "Chronic Diarrhœa," "Chronic Vomiting," "Rickets," "Inherited Syphi-

lis," "Mucous Disease," "Worms," "Chronic Tuberculosis," "Chronic Pulmonary Phthisis," "Tuberculization of Glands," "Bronchial Phthisis," and a concluding chapter on the "Diet of Children."

Editorial.

THE next number of THE EXAMINER will contain a full account of the doings of the annual meetings of the American Association of Medical Editors, and of the American Medical Association, to be held in San Francisco during the first week in May, from the pen of the senior editor.

WISCONSIN STATE MEDICAL SOCIETY.—The next annual meeting of this Society will be held in Milwaukee, commencing on Wednesday, June 21, 1871, at 7 o'clock P.M.

POISONING FROM BELLADONNA—RECOVERY.—Early on the morning of April 15th, I was called to see Hattie F.; 12 years of age; daughter of one of the prominent residents of the suburb of Oakland. She was suffering from a severe inflammation of the throat and pharynx, of a diphtheritic nature, accompanied with considerable swelling of the tonsils and glands of the neck. The following solution was ordered:

Ry. Chlorate Potass.,	-----	ʒj.
Hydrochl. Acid,	-----	gtts. xij.
Tinet. Belladonna,	-----	ʒij.
Simple Syrup,	-----	ʒj.
Water,	-----	ʒiij. M.

A teaspoonful to be given every two hours.

I was sent for in great haste to see the patient again, in the afternoon of the same day. The message was not received, however, in time to reach there before 5½ P.M. She was then found to be in a very alarming state, with a high fever; pulse 140; face flushed; pupils widely dilated; mouth and fauces excessively dry; the mind was wandering, delirious; and there was constant nervous twitchings and startings.

It was at once apparent that she was under the influence of a large over-dose of belladonna, and the dark turbid appearance of the medicine, which if properly prepared should have been clear, and of a light amber color, confirmed the opinion that there had been a mistake in filling of the prescription. The parents had become very much alarmed at the condition of the child, but supposed that it was owing to an increase in the severity of the disease, and had continued to give the medicine regularly, the last dose having been given only a few minutes previous to my arrival. I at once ordered a solution consisting of the following:

Ry. Chlorate Potass.,-----	5j.	
Sulph. Morph.,-----	gr. j.	
Simple Syrup,-----	5j.	
Water,-----	3iij.	M.

A teaspoonful to be given every half-hour until three doses had been taken, and then continued every hour until the symptoms were relieved.

On the following day the patient was found to be considerably relieved, although the pupils were still somewhat dilated, and the mind a little wandering.

I took the vial containing the solution to the druggist's where it had been prepared, on the corner of Waupanseh Ave. and Cottage Grove Ave., and requested to see the prescription from which it had been put up. The prescription was plainly and distinctly written, exactly as given above. The clerk who filled the prescription was not present at the time, but it was quite evident, as well from the appearance of the mixture, as from its effects, that the *solid extract* of belladonna had been substituted for the tincture, as called for in the prescription. This would give nearly four grains of the belladonna to each dose of the mixture.

Five doses were given in all, making 19 grains that were administered to the child within 10 hours.

No permanent bad effects seem likely to result from the accident. On yesterday, the 19th, the patient had enjoyed considerable quiet sleep, was perfectly rational, and appeared to be rapidly progressing toward recovery.

ILLINOIS STATE MEDICAL SOCIETY.

OFFICE OF THE PERMANENT SECRETARY,
296 W. Monroe St., Chicago, Ill., April 19, 1871.

The Twenty-first Annual Session of this Society will be held in the city of Peoria, on the third Tuesday in May, 1871, at 10 o'clock A.M.

The following committees are expected to report:

On Practical Medicine—Dr. H. A. Johnson, of Chicago, Chairman.

On Surgery—Dr. E. Andrews, of Chicago, Chairman.

On Obstetrics—Dr. DeLaskie Miller, of Chicago, Chairman.

On Drugs and Medicines—Dr. E. Ingalls, of Chicago, Chairman.

On Criminal Abortions—Dr. W. H. Byford, of Chicago, Chairman.

On Ophthalmology—Dr. H. H. Roman, of Springfield, Chairman.

On Phthisis Pulmonalis—Dr. S. W. Noble, of Bloomington, Chairman.

On Otology—Dr. S. J. Jones, of Chicago, Chairman.

On Criminal Insanity—Dr. A. McFarland, of Jacksonville, Chairman.

On Idiocy—Dr. C. T. Wilbur, of Jacksonville, Chairman.

On Medical Uses of Carbolic Acid—Dr. N. S. Davis, of Chicago, Chairman.

On Cholera Infantum—Dr. D. W. Young, of Aurora.

On Membranous Croup—Dr. D. Prince, of Jacksonville.

On Gleet—Dr. R. S. Higgins, of Vandalia.

On Results in Fractures—Dr. G. W. Phillips, of Dixon.

On Intestinal Affections of Infants—Dr. T. D. Fitch, of Chicago.

On Diabetes—Dr. W. D. Sterling, of Ionia.

On Perineal Section—Dr. E. Powell, of Chicago.

On Duties of the Profession to the State Medical Society—Dr. J. S. Whitmire, of Matamora.

On Causes of Mortality after Amputation—Dr. R. N. Isham, of Chicago.

Medical societies are entitled to one delegate for every five of their regular resident members, and one for every additional fraction of more than half this number.

The faculty of every regular medical college is entitled to two delegates.

Every chartered or municipal hospital is entitled to one delegate.

Any respectable physician, unable to attend as a delegate or permanent member, may attend as a *member by invitation*, on the recommendation of the Committee of Arrangements.

Railroad Arrangements—Arrangements have been made with all the railroads leading to Peoria, to return delegates and permanent members, on the certificate of the Secretary, for one-fifth fare, except the Chicago, Rock Island & Pacific Railroad. With this Company we have the following arrangement: Any member or delegate expecting to travel over this road to the Society, can do so on excursion or round-trip tickets, for sixty per cent. of the regular fare, by obtaining from me an order before leaving home, which, on being presented to the ticket agent at any station on the road, will entitle the holder to a round-trip ticket at the above rate.

I shall send to every member of the Society, that will probably go over this road, an order, which, if they do not wish to use, they may hand to any delegate or return to me.

T. D. FITCH.

MONEY RECEIPTS FROM MARCH 25, TO APRIL 25.—Dr. W. H. Massey, \$3.00; Dr. J. H. Hudson, 2.00; Dr. J. S. Sweeny, 12.00; Dr. A. J. Miller, 9.00; Dr. S. McBride, 12.00; Dr. U. P. Stair, 12.00; Dr. Aug. Rhodes, 3.00; Dr. A. F. Chandler, 3.00; Dr. J. A. Adrion, 3.00; Dr. E. B. Woolcott, 6.00; Dr. S. A. McWilliams, 5.00; Dr. E. P. Cook, 6.00; Dr. John Higgins, 5.00; Dr. C. McAllister, 3.00; Dr. R. C. Moore, 6.00.

TREATMENT OF STRYCHNIA POISONING BY BROMIDE OF POTASSIUM.—Two cases have recently been reported, in which the bromide appears to have been successful as an antidote to strychnia—one in the *American Medical Journal*, the other in the *New York Medical Journal*. In the latter case, 90 grains were given every half-hour till the muscles were relaxed.

MORTALITY FOR THE MONTH OF MARCH, 1871.

Accidents, drowned--	1	Cyanosis -----	2	Lungs, congestion of..	8
" burned in building	1	Cynanche trochealis--	2	" hemorrhage of--	1
" brain concussion	1	Debility, general-----	4	Malformation, general	1
" crushed by bridge	1	Diarrhoea and abscess	1	Manslaughter -----	1
" fall -----	4	" chronic-----	2	Measles -----	11
" " from buggy	1	Diphtheria-----	8	" and complications	7
" railroad -----	2	Diaphragnitis -----	1	Metropéritonitis -----	2
" crushed by fall	1	Dropsy general-----	6	Meningitis-----	9
of house-----	2	" of pericardium--	1	" spina bifida-----	1
" " by ma-		Dyspepsia -----	2	" cerebro-spinal--	5
chinery -----	1	Dysentery -----	1	" tubercular -----	5
Aneurism of arch of		Embolism -----	1	Old age -----	8
aorta, -----	1	Enteritis -----	8	Oedema of glottis -----	1
Apthæ -----	1	Erysipelas -----	3	" pulmonum -----	1
Apoplexy -----	5	Exposure -----	2	Paralysis -----	1
Arachnitis -----	1	Fever congestive -----	2	Pericarditis -----	1
Asthma -----	1	" puerperal, -----	4	Peritonitis -----	2
Premature births -----	12	" remittent -----	3	Pleurisy -----	1
Still births -----	54	" scarlet -----	7	Pneumonia -----	42
Bowels, congestion of	1	" " & complicat's	2	" broncho -----	1
" ulceration of -----	1	" typhoid -----	8	" and complications	3
Brain, congestion of..	6	Gangrene, dry -----	1	" typhoid -----	3
" inflammation of..	6	Gastritis -----	2	Pyæmia -----	1
" softening of -----	1	Hæmorrhagica, puer-		Rectum, ulceration of,	
" and lungs, con-		peral -----	1	and diarrhoea -----	1
gestion of -----	1	Heart disease -----	7	Scrofula -----	2
Bronchitis -----	6	" dropsy of -----	4	" of hip-joint -----	1
" & heart dilitation	1	" fatty degeneration	1	Spina bifida-----	1
" capillary -----	2	" organic disease of	1	Spine disease, result of	
" chronic -----	5	" rheumatism of -----	1	injury -----	1
Cancer -----	1	" valvular disease	3	Stomach, gangrene of	1
" of breast -----	1	" mitral valves, in-		Suicide by laudanum--	1
" of pancreas -----	1	sufficiency of -----	1	" by drowning -----	1
" of womb -----	1	Hip-joint, disease of -	1	Tabes mesenterica -----	14
" of stomach -----	1	Hemiplegia -----	1	Teething -----	3
Carries of dorsal spine	1	Hydrocephalus -----	9	" & complications	1
Consumption -----	54	" acute -----	4	Tetanus neonatorum -	1
Convulsions -----	61	Inanition -----	5	Tumor of abdomen --	1
" apoplectic -----	1	Jaundice -----	1	Uræmia -----	1
" uramic -----	1	Kidneys, uramic dis-		Uterus, hemorrhage of	2
" puerperal -----	2	ease of -----	1	Whooping-cough -----	4
Croup -----	15	Kidneys, Bright's dis-		" & complications	1
" diphtheritic -----	1	ease of -----	4		
" membranous --	4	Liver, disease of -----	1	Total -----	470

AGES.

Under 1 -----	133	10 to 20 -----	18	70 to 80 -----	24
1 to 2 -----	52	20 to 30 -----	41	80 to 90 -----	5
2 to 3 -----	21	30 to 40 -----	40	90 to 100 -----	—
3 to 4 -----	21	40 to 50 -----	43		
4 to 5 -----	13	50 to 60 -----	27	Total, -----	470
5 to 10 -----	13	60 to 70 -----	15		

Males, -----	259	Females, -----	211	Total, -----	470
Single, -----	313	Married -----	157	Total, -----	470
White, -----	458	Colored, -----	12	Total, -----	470

COMPARISON.

Deaths in Mar., 1871, ---	470	Deaths in Mar., 1870, --	538	Decrease, ---	68
Deaths in Feb., 1871, ---	401	Increase, ---	69		

NATIVITY.

Austria -----	1	England -----	7	New Brunswick -----	1
Bohemia -----	3	France -----	1	Norway -----	7
Canada -----	5	Germany -----	66	Russia -----	1
Chicago, Native ---	76	Holland -----	2	Switzerland -----	1
Chicago, Foreign ---	167	Ireland -----	42	Scotland, -----	5
U. S., other parts ---	68	Italy -----	1	Sweden -----	9
Denmark -----	4	New Foundland ---	1	Wales -----	2
				Total, -----	470

MORTALITY BY WARDS FOR THE MONTH.

Wards.	Mortality.	Pop. in 1870.	One death in	Mortality.	
1---	6	6,531	1088	Accidents -----	14
2---	13	14,338	1103	County Hospital -----	11
3---	24	16,805	700	Foundling Home -----	6
4---	18	12,178	676	Home for Friendless -----	2
5---	13	11,605	893	Hospital Alexian Brothers -----	1
6---	39	19,486	500	Manslaughter -----	1
7---	17	13,849	814	Marine Hospital -----	1
8---	28	22,994	821	St. Joseph Orphan Asylum -----	3
9---	53	27,278	515	St. Luke Hospital -----	2
10---	17	13,750	809	Suicide -----	2
11---	22	14,988	677		
12---	15	13,976	932	Total -----	470
13---	10	8,943	894		
14---	13	9,076	698		
15---	31	20,382	658		
16---	21	13,975	665		
17---	25	17,118	635		
18---	35	17,069	488		
19---	9	8,738	971		
20---	18	13,628	757		

Mean Thermometer, 43°, Rain, 2.570 inches, Deaths daily, 15½.

AN apothecary in Boston has this notice put up conspicuously in his place of business: "We are pharmacists, but not physicians; we dispense medicines, but do not prescribe."—*Pacific Medical Journal*.

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Original Contributions.

SPECIFIC ACTION OF TISSUES AND THEIR ELEMENTS AS CONNECTED WITH THE LIVING BODY.

BY DANIEL LICHTY, M.D.

The human organism presents itself as an aggregation of vital unities, every one of which manifests all the characteristics of life; and the separate and distinct peculiarities which these present, have given rise, among the students of physiology and pathology, to systems of research and theories of practice as numerous as there are sects in the Christian religion.

The ancients labored long under the delusion that the functions of the animal economy depended upon some *one* intrinsic force they variously denominated soul, archeus, or vital principle, which superintended the regular and perfect accomplishment of all the functions of living beings. Hippocrates studied carefully the effects and tendencies of such a force, and followed scrupulously all its indications. Galen led a school who believed that the elementary qualities of the *humors* presided over the functions of life. A third class, named Methodists, regarded solely the physical properties of the *solids*, and in particular perosity; attributing to the tissues only the two properties of

contraction and expansion. Empirics there were, too, who wrongfully disclaimed physiological considerations, forgetting that in sciences as difficult and complicated as physiology and pathology we must admit light from all the other sciences.

Had they been willing to aggregate these orders of forces, and say that the phenomena of the animal economy were produced *by them*, they would have approached nearer the right, and sooner aided in the perfection of our science. Then for awhile physiological processes were studied under different forms; the iatro-mechanics and iatro-mathematicians, versed in the calculations of the physical forces, assumed to explain the functions of the animal economy by the laws of mechanics; and the iatro-chemists took into consideration exclusively the mixture of chemical elements—the acid humors, gases, salts, and fermentations—each having its physiology, pathology, and therapeutics; and when their labors ceased, they left to science a great mass of theory, and to history the illustrious names of VanHelmont and Sylvius, the latter having attained commendable perfection in some of his aphorisms.

Thus the intricacies of physiology were being slowly unraveled, and the tissues were threatened to be robbed of their mysteries, when about the middle of the seventeenth century, Francis Glisson first recognized the phenomenon of *irritability*; he regarded this as a sufficient cause for *all* the phenomena of life, and supposed all the tissues possessed this force, though in different degrees, and proposed to divide it into natural, vital, and animal, accordingly as it was manifested by movements more or less apparent, with or without the concurrence of the will.

These ideas made but little impression on the medical world, and it needed the circumspect and ingenious experiments of Albert VonHaller, to elevate this hypothesis to a demonstrated fact. From this time physiology had an existence independent of physics and chemistry, and a *specific action* was demonstrated in the tissues; his researches, however, did not extend beyond the muscular tissue, and the unfinished work was left to *his* successors and *our* preceptors, who have with signal fidelity

prosecuted it to a degree of perfection, so that the most recent researches still acknowledge a species of *excitation or irritation* necessary to prove vitality; and it is in fact the only criterion by which we can judge whether a tissue is alive or not; and our notion of death, or necrosis of a part, is based upon nothing more nor less than this; for we cannot exactly determine, by an anatomical examination, conducted either with or without a microscope, whether a nerve be alive or dead; nor can we judge the same of a muscle, since we find its structure perfectly preserved in parts that perished years ago. Czermak examined parts of mummies, and found in them tissues which were in a state of such perfect preservation, that the conclusion might have easily been arrived at, that the parts had been taken from a living body. Virchow found in a fœtus, which in a case of extra-uterine pregnancy, had lain thirty years in the body of its mother, the structure of the muscles as intact as if it had just been born at full time. Thus, however perfectly preserved the form of a part may be, without *irritability* or *activity* we have no right to suppose it possesses life. We now also recognize this property in the elements of every living tissue, whether it be muscular fibre, cell wall, continuous membrane, or ciliated epithelium; manifesting according to each tissue the particular processes of function, nutrition, or formation, the individual peculiarities of which, the space limited us will not allow us now to discuss. Hence we will proceed to that other property so nearly allied to this, that of *contraction*. This function was given to the medical world a little more than a century ago, and is still the subject of investigation.

Bichat demonstrated it to be a property that the *fluids* of the living body possess, and the coagulation of that essential fluid of the body—blood—is said to be due to contraction of a principle residing in it, variously denominated *fibrine* or *plasmine*.

But a short time ago, it was supposed that certain forms of areolar or connective tissue were contractile. Leydig, Kolliker, and Virchow have each examined into this property, and the whole theory of contractility in the human body has been withdrawn within the limits of a substance in the fibrils of muscles

—the red granular matter—which by polarized light can be seen to vary in appearance according to its degree of contraction, and which has, no doubt, as these investigations go to show, the property of contractility inherent in it.

These actions must have an exciting cause, and again we see the same tendencies presenting themselves as existed in the researches of the ancients.

Some referred it to the blood, as did one of the then leaders, Frederick Hoffman, who believed and said that “the blood excites the heart, which in its turn gives motion to the blood, thus giving the motor power to the functions of the animal economy;” but it will at once be seen that this is fallacious—for by this mechanism the cause produces an effect from which arises the reproduction of the cause itself, thus making his explanation turn in a vicious circle. Others regarded the nervous system the most important of all the organic apparatus—the one that first feels the impression of excitants, and transmits it to others; in a word, that gives impulsion to *all* the movements of the organism. But even the wide dissemination and the numerous connections which exist between the individual parts of the nervous system, are by no means calculated to show *it* to be the centre of all organic actions, besides, nervous action is spoken of very frequently, where it is now known that no nerves exist. It is true, we find in the nervous system definite elements which *serve* as centres of motion, but we do not find any single ganglion in which alone all movement in the end originates; we recognize a unity only in our own consciousness, for an anatomical or physiological unity, has at least, as yet, nowhere been seen by an anatomist, or demonstrated by a physiologist. These students forget, that *as* physiologists, they should endeavor to deduce the laws of living or organic forces from the direct observation of vital phenomena, in the same manner as philosophers and chemists deduce the laws of the general or organic forces from the observation of the phenomena in crude matter.

In *irritability* or *excitation* we recognize the first and only general action of living organisms. Contraction resides only in a certain element of the tissues, while the former belongs to

every tissue. Yet, the numerous forms of activity manifested in and by the individual tissues of a body, lead us to believe, and numerous and able researches teach us, that they are not conducted by any one cause allotted to them from the beginning, but that in every one of them a certain excitation, a specific cause, is necessary for its production.

In studying pathological processes this will be still more apparent when we consider the specific excitants necessary to produce disturbances of a specific character—the specific diseases—so well-known, yet so *little* understood. Returning to physiology, it is made doubly apparent by considering the peculiarities of nutrition; here the function of the circulation of the blood, and the elements of the bloodvessels, manifest such varied and independent properties in the interchange of substance, that to deny a *specific action* would expose a lack of discernment and want of attention to these high functions. In the round of the circulation the blood is held by a continuous membrane, which in the capillary system is entirely devoid of porosity; though the experiments conducted recently at the Army Museum, where these membrane were magnified and remagnified by reflection several million times, seem to show pores; yet, if we speak of this as porosity, it can only be admitted in a physical sense as applying to really molecular interstices, which in the large multiplication employed in the above experiments, so dispersed these atoms as to show real interstices. A film of collodion cannot be more homogenous or continuous than this membrane; yet, there is inherent in the elements of its tissues a property that exercises a directly controlling influence upon the permeating powers of the fluids throughout its entire course; not, however, to such an extent as to control all the seeming peculiarities of leaving at one point much, at others little, and some none at all; for this *may* depend on the one hand *upon* the amount of pressure the blood is subjected to in certain localities, and on the other hand upon the special properties of the tissues. We cannot, by offering a part more blood, increase its nutrition; hyperiemia may occur and remain—the vessels gorged

with blood for months—as is shown in section of the sympathetic nerve, and yet no appreciable nutritive changes occur. The frequent and continued congested condition of the genital organs induces no hypertrophy, either homologous or heterologous; yet, for each particular tissue, be it nerve substance, muscular fibre, epithelium, or gland, there is in the blood a specific substance for which these tissues have a specific affinity, and in virtue of which their proper relations to each other and surrounding media is properly maintained. If it were not that these properties existed, and this membrane was of an indifferent character, the properties of Osmose and Dialysis would be restricted and controlled entirely by physical laws.

Gravitation of matter could only be governed by creating with active imagination centres at every convenient point, and at no time would the assurance be with us, that in the disturbance of some of these relations, an inundation might not extinguish the flame of life, or masses here and there accreting we should become half jelly-fish and half—What?

Another tissue possessing special action in a remarkable degree, is that of which the liver is constructed, and which performs its peculiar functions. The anatomical structure of the liver teaches that it is composed largely of vessels surrounding the hepatic cells, from which they are separated only by a thin layer of areolar or connective tissue. We are not allowed to suppose that the secretion of bile depends upon the peculiar distribution of the bloodvessels, for we find a similar network of a venous character too, in the lungs. Yet, the simple distribution of the capillaries of the portal vein about these cells, when in a condition of perfect health, afford us the phenomenon of not only secreting, but actually manufacturing a substance—bile—the matters which constitute it do not exist preformed in the blood; it is therefore apparent that the constituents of the bile arise not by a process of secretion, but by one of actual formation in the organ, and by the action of its tissues. Claude Bernard has thrown new and greater interest upon this question in his observations, showing that the property of producing sugar is also inherent in these elements; therefore, when we

speak of the action of the liver in regard to both these important products, we can mean nothing but the special action of the individual elements of which it is composed. Let fat fill the cells, or they become extinct, or diseased, or their special properties in any way impaired, and neither the bloodvessels or the connective tissue can take up this action; it must unreservedly be attributed to a *specific action*.

The kidneys, too, have vessels afferent and efferent, with cells and connective tissue largely predominant in their composition; yet, their action is peculiar and essentially as different as their product. The membrane that separates the terminal branches of the pulmonary artery from the air cavities possesses properties by which oxygen is given to the blood-discs, and carbon dioxide with effete matter to the cavities; these properties may be dependent in part, as investigations now go to show, only upon the epithelium which line these cavities or walls; yet, we are compelled to admit, that even this argues more strongly than anything else could a *specific action* of these very epithelial cells, or of the basement membrane upon which they are situated, in which case *this* must possess the special property. If an independent action did not exist, then the functional disturbance or impairment of organs would not necessarily lead to such baneful results; for, vicarious action would be readily instituted, and the peculiar function of each not immediately arrested; but this vicarious substitution cannot be taken up by its own kind, simply, for these are located at many places, but each, by an *activity* of its *own*, whereby it is essentially characterized.

These nicely balanced and accurately adjusted conditions of the tissues and surrounding fluids of the living body, are brought about by *no* processes of a purely chemical character; if this is admitted, then we must admit strictly physical processes, and these we assert cannot exist where tissues possessing vital properties form the reservoirs which hold the fluids. That there are *affinities* existing between definite tissues and definite substances in virtue of which certain parts are enabled in a greater degree than others to attract certain substances from the neighboring

blood, we will admit, but these very affinities are of such a specific character that they can attract and *select* from the surrounding media, not only the substances for their growth and repair, but actually transmit from atom to atom, or cell to cell, if you prefer, through matter of varying magnitude in the structures of the body to which vessels do not reach, and which are nourished only by this power of transmission residing in the elements of its tissues. These processes are apparent in the masses of tendon which have only bloodvessels at their peripheries, in the umbilical cord in which *no* vessels are given off from its veins or arteries into the Whartonian substance from within three or four lines of the umbilicus throughout its entire extent in the semi-lunar cartilages of the knee-joint, which are entirely detached from surrounding tissues, in the substance of the crystalline lens, and in the growth of cartilages in many forms; all these, and many other tissues, contain elements which possess this power in accordance with their several requirements; and, further, after having taken up this material, they are capable of subjecting it to further changes within themselves, in such a manner that they either derive therefrom new matter for their own repair and development, or that after these particles have imbibed this material, even decay may arise in their structure and their dissolution ensue, or an aggregation occur, which multiplying by direct ratio, speedily gives rise to pathological formations, homologous with the tissue in which it exists, or a foreign element finding its way into a tissue heterologous, formations can be rapidly produced by this action possessed by the element introduced; by pursuing this course of study, the early formation of many morbid enlargements will be made apparent.

By a similar independent action the various forms of degeneration pursue silently and surely their course. Fat insinuates itself into the muscles and prostrates the individual from want of action, or takes up its abode in the cellular interstices of connective tissue, and gives that roundness we admire in the figure of a lady, and which we always take as an indication of good living, unless it assumes the forms of obesity, polysarcia,

or lipomata, when the condition of the individual is to be deplored. Ossific deposits occur distant from bone where no periosteum is known to exist; yet, it has previously been taught, that the presence of periosteum is necessary to the formation of bone. Tissues, then, of the living body, have residing in them elements by which they manifest their vitality, not only when acting conjointly with an organ, or through this with other organs, but a *special*, a *vital* action, by which their repair in perfect health is maintained, and by which an affinity is manifested for each other powerful enough for all the processes of life, yet so delicate in character that the quality of atmosphere we inhale, or even totally occult causes are capable of producing a perturbation of these elements, exciting morbid actions in the tissues, and consequent disease, which is only regulated by the amount and power of the disturbing influence, or controlling effect of therapeutic agents judiciously exhibited by a discerning physician. And as this presents therapeutics to our attention, we cannot pass it without a reference to the "specifics" now so frequently recognized by the profession.

Prof. Garretson, of the University Hospital of Edinburgh, said, a short time since, to his class during a clinic on erysipelas, "that the day was not far distant when the profession would recognize specific remedies as they now do specific diseases. And when we introduce these into our studies, *specific* actions will be sought for in every form of local disease, and the dyscrasie will have lost their terrors to the physician, while the tyro in our studies will sooner see that there is a truth and a certainty in them; and the chaos of darkness into which we are so often plunged, will be lighted by another lamp to guide the procession of our fraternity to the dignified position it has long sought among the sciences."

THE LEGAL PRINCIPLES INVOLVED IN OFFICIAL EFFORTS FOR THE REGULATION OR SUPPRESSION OF PROSTITUTION.

By GEORGE ANDREWS, Esq., Attorney at Law; late Judge of the
Supreme Court of Tennessee.

Society has the right to protect itself, and to provide for the most perfect development of its members in body, intellect, and morals.

It may prohibit and punish every act found or decreed to be hurtful to the public welfare in either of these aspects.

To this end it may prohibit the injurious acts, not only where directed by force or violence against the body politic, or a member thereof, but where the act affects directly only the parties acting and consenting thereto, as in the case of gambling, and various forms of vice.

Society has a direct interest in the physical, mental, and moral perfection of its members, and may, without violating any natural right, so legislate as to advance, as far as possible, that perfection.

If those representing organized society as the law-making power, violate the trust reposed in them—if they legislate in malice or selfishness for private ends—if their legislation is found to be oppressive or injurious to the public welfare, and no other means to remedy the evil appears to the body of the society which they represent, there remains to the organized society, or the oppressed minority, the inalienable and sacred right of revolution. But, notwithstanding this ultimate right of rebellion or revolution, somewhere in every organized political society, exists legislative omnipotence. What legislation is in fact necessary or salutary, the organized society, or individual, or body, to whom the legislative power is by the organization of the particular society committed must determine, and there is no appeal from this decision but to the last refuge of the people against oppression.

In this sense, the Parliament of England, which is not limited

by any written constitution, is often said by law-writers to be omnipotent. It is unnecessary to discuss here the abstract question, which cannot affect the purpose of this article, which has been sometimes suggested, whether the courts would have the right to disregard and disobey a statute passed in flagrant and outrageous violation of right and justice for that reason alone.

Every member of a political community holds his property, liberty, and life subject to the demands of the public welfare; and these demands are made and met in every State in the imposition of taxes, the exercise of the right of eminent domain, the exercise of various police powers, the raising of armies and conduct of war, and the punishment of criminals.

I have been speaking of the powers necessarily inherent in every organized political community. The limitations, which such a community may see fit to impose upon those to whom it may delegate its legislative powers, form another branch of the subject to be mentioned presently.

There is no private relation in which the State has such deep and vital stake as in the family relation. It lies at the very base of the social and political organization, and it is at once the right and the duty of the State to protect it. For this reason, as well as for the reason that the State has an interest in the health and morals of all its members, the vice of prostitution, which strikes directly at all these interests, is a proper object of legislative repression and control. The mode and extent of such repression or control is at the discretion of the legislative power.

But legislative powers in the political communities forming the American Union are limited and controlled by the Federal Constitution, and the Constitutions of the several States. For the purposes of this article it is sufficient to say that Congress possesses only such legislative powers as are expressly or impliedly conferred by the Federal Constitution—that the legislatures of the several States possess all the legislative authority inherent in their respective political communities, except as limited by the terms of the Federal Constitution, or the Constitution of the particular State.

There is nothing in any of those instruments which forbids the legislature to declare acts of illicit intercourse criminal, and to punish them accordingly, when duly proved to have been committed.

The only point of difficulty is, as to the right of the legislative power to provide for the arrest and detention of persons of either sex upon suspicion merely, and to make physical examination of their persons for the purpose of obtaining evidence of crime, or of adopting sanitary precautions or remedies.

The Constitution of the United States declares that no person shall "be deprived of life, liberty, or property, without due process of law." This provision is incorporated in similar or equivalent words, in probably all of our State Constitutions, and had its origin in Magna Charta, which, like some of the State Constitutions, uses the expression, "by the lawful judgment of his peers, or the law of the land:" *per legale iudicium parium suorum, vel per legem terræ*.

Daniel Webster's explanation of this clause is often quoted: "By the law of the land is most clearly intended the general law, which hears before it condemns; which proceeds upon inquiry, and renders judgment only after trial. The meaning is that every citizen shall hold his life, liberty, property, and immunities under the protection of general rules which govern society. Everything which may pass under the form of an enactment, is not the law of the land."

The Supreme Court of New York says: "It cannot mean less than a prosecution or suit instituted and conducted according to the prescribed forms and solemnities for asserting guilt, or determining the title to property."

Under these and other constitutional provisions, persons suspected of crime may be arrested and detained for the purposes of trial; but they have the constitutional right to a speedy trial; and, in offences of this grade, to immediate and reasonable bail, until a trial shall be had. The power of those executing the law, is only to arrest, prove guilty, and to punish in the ordinary and regular course of judicial proceedings. But the right to arrest and detain exists only as incident to the right to try and punish;

it goes no further than the necessity that originates it, and certainly would not include the right to compel the suspected party to submit to a physical examination, for the purpose of procuring evidence, or for any other purpose.

Such forcible examination, if not authorized by law, would be a gross assault and battery; and, in the case of a virtuous woman, would be a horrible outrage, a very few repetitions of which would produce and justify a rebellion in any community.

If a woman, or a man (for there is no difference as to the constitutional rights of the two sexes) was duly proven guilty of single or habitual acts of illicit intercourse, a physical examination might undoubtedly be compelled, either as a part of the punishment, or as a condition of release. And the law might undoubtedly provide for the detention and medical treatment of such convicts, until their physical condition should make it safe to turn them loose upon the world again. But this principle would not justify such an assault upon a person not proved to be guilty of any offence. The law takes no cognizance of offences before they are committed, and does not imprison a person to prevent the chance of his committing an offence in the future.

The law might provide that every person who should be guilty of acts of illicit intercourse, or who should make such acts a vocation, should be subjected to compulsory physical examination; but the commission of such acts, or the carrying on of such vocation, would be facts which would have to be proved in "due process of law."

The legislature may, in its discretion, license prostitution as a vocation, or provide for the registration of harlots, and may, of course, require submission to physical examination as a condition for such registration or license. A voluntary registration or acceptance of a license under such a law, would be an admission of the fact of harlotry, and a waiver of all objection to the regulations imposed as conditions.

On this principle, persons coming within the limits of a State from infected districts, may be temporarily imprisoned in quarantine; for by their own act they have consented to the impris-

onment. Persons afflicted with the small-pox, or other contagious diseases, may be seized and conveyed to a pest-house for temporary safe keeping and treatment. For the going abroad among the community with such a disorder, of itself constitutes a nuisance which must be abated summarily. But the possession of a treasure of syphilis, and the transportation of it in the community, does not of itself constitute a nuisance. The owner of this wealth of infection may make it a nuisance by distributing it unlawfully, and in that case he or she may be dealt with accordingly. But the mere possession of it, without anything more, is not a nuisance or a crime; and the intent to distribute it cannot be inferred as matter of law from the mere fact of possession.

There is, therefore, no constitutional objection to statutes providing for the punishment of fornication and harlotry upon due and legal conviction; nor probably to provisions for the medical examination and treatment, for that occasion, of the persons so convicted; nor to laws for the licensing and registration of harlots, and the medical examination and treatment of those so licensed or registered.

Probably a rigid enforcement of the law upon the loose women of the city might drive many of the worse and most notorious cases into registration, but want of evidence, negligence of officers, political influence and corruption, and official connivance, would, I have no doubt, leave the majority of them unaffected.

Such as might register could undoubtedly be regulated, controlled, and treated medicinally as might be thought best; but, except as above indicated, I do not think that the right to arrest and make physical examination, or enforce medical treatment, exists. It is not the purpose of this article to discuss the question as to the best manner of dealing with this most insoluble problem—others of better opportunities, and who have bestowed more attention upon the subject, can do this better than I; but my opinion is, that the license system, as applied to our large cities, and to be enforced by our municipal authorities and political police, will be found to be not only a humbug, but a nuisance.

I have spoken mainly of the constitutional rights of the parties engaged in the business of harlotry. One word as to the rights of the citizen and property holder. A bawdy-house is a nuisance at common law, as well as in fact. It is a nuisance which affects the comfort and well being of the neighborhood in which it is located, and the value of all the neighboring property. I do not think that by licensing such a nuisance, the legislature can deprive the citizens who are injured by it, of their right to have the nuisance abated or enjoined, or to recover damages against the party maintaining it. The legislature, by granting a license, may deprive the act of keeping a bawdy-house of its criminal character, but does not thereby deprive the citizen of his remedy for the injury done to him or to his property.

CARBOLIC ACID IN VASCULAR KERATITIS.

By C. HIXON, M.D., formerly Professor of Ophthalmology in the College of Physicians and Surgeons, Kansas City, Mo.

In medicine, theories are of little value compared with well-attested facts. No one can, from a process of reasoning, say that any given agent will do so and so; consequently the remedial value of any given agent, simple or compound, must be discovered, if discovered at all, by the test of actual experimentation. These, among other considerations, led me to use carbolic acid in the treatment of the following case. I know of no case on record where this agent has been used in the treatment of this disease, and it is as much to induce others to give it a trial as anything else that prompts me to report the case:—

Mrs. G., aged 23, of delicate frame and rheumatic diathesis, came to consult me on the 1st of February last. She lives about twenty miles from this city, and has been under the care of a general practitioner who pays but little attention to the eye, and under whose treatment she was severely pyalised. This mercurial action, together with a lactation of fifteen months' duration, had rendered her extremely exsanguinous and emaciated.

On examination I found the following: Moderate thickening of the palpebral conjunctiva, the ocular conjunctiva much more extensively involved—extreme vascular keratitis (the iris entirely hidden)—a large ulcer on the lower and outer half of the cornea, extending deep into the corneal luminæ—great photophobia, it being impossible for the patient to open the eye herself—profuse lachrymation, with periods of great suffering from circumorbital neuralgia. The enlarged episcleral vessels and circumcorneal zone indicated iritis, with perhaps inflammation of other intraocular tissues, but the dense corneal opacity rendered an accurate diagnosis upon this point impossible, and could only be arrived at by rational symptoms.

Owing to her prostrated condition little else was attempted for four weeks than to repair the general health by tonics and good living, and at once removing the child from the breast. At the expiration of this time her general condition had materially improved, but no perceptible improvement in the eye except as to the pain, which, she stated, seemed not so severe. I now applied to the corneal ulcer a couple of drops of the solution of carbolic acid in glycerine, of the strength of sixty grains to the ounce of glycerine. This I had frequently used before in ulcers of the cornea that were indolent and very painful, and with the very best effect. I believe this practice originated with Dr. Williams, of Cincinnati. The immediate effect of the application was excruciating pain for a moment, and a complete whitening of the whole cavity of the ulcer from the coagulation of albumen. The day following I did the same, and continued to do so for three weeks, by which time the ulcer had entirely healed, when the acid was more sparingly applied. The pain on its application became less and less as the ulcer disappeared and the cornea cleared up. So soon as the cornea became sufficiently transparent lateral illumination revealed partial occlusion of the pupil, and mydriatics discovered synechia posterior, which in time yielded to atropia, except at one point, which has so far resisted all efforts. The vascularity of the cornea has entirely disappeared, but, of course, a leucoma remains in the site of the ulcer.

The general treatment consisted of iron, nitric acid, and quinia, and to meet the rheumatic element in the case the following was used:

R.	Vin. Colch. sem. -----	}	āā f3ijss.
	Ext. Phytolac, fl. -----		
	Tr. Stramonium -----		f3i.
	Tr. Aconit, fol. -----		f3ss.

Sig. A teaspoonful three times a day. Under this treatment she made a rapid recovery. I report this case, believing it to be the first case where carbolic acid has been used in the treatment of vascular keratitis. If others have used it I am not aware of it, and should be happy to hear. I certainly shall continue to test its powers in similar cases.

Clinical Reports.

CLINICAL CASES IN MEDICAL WARDS OF MERCY HOSPITAL.

Clinic by PROF. DAVIS. From Notes by S.

MERCY HOSPITAL, *November 11, 1870.*

CASE I.—RHEUMATISM.—This man was taken sick last Monday. On admission, three days ago, he presented the following symptoms: Skin dry and husky; pulse 120; lips dry; face flushed and red; tongue very red, raw, and granular; much oppression of breathing without any evidence of cardiac or pulmonary trouble; wrists and hands swollen and painful, and some epigastric distress indicating an irritable condition of the alimentary canal, which I feared would lead to a regular typhoid condition.

With such an irritable condition of the mucous membrane, a strongly alkaline course of treatment would be very likely to induce vomiting and purging. Colchicum would also be found to operate very violently, producing bloody evacuations, etc. Wishing to restore the action of the skin and kidneys, and yet

keep the bowels quiet, and also to lessen the fever and eliminate the morbid material which was causing the local disturbance, we ordered a powder consisting of pulv. Doveri, 6 grs., potass. nitras, 6 grs., and hydrarg. chlor. mite, 1 gr., to be given every four hours.

The Dover's powder we supposed to be sufficiently soothing to prevent the calomel from producing too much effect upon the alimentary canal.

To reduce the frequency of the pulse the following mixture was directed:

Ry. Veratrum Viride -----	3j.
Camp. Tinc. Opii. -----	5jss.
Spts. Nitre, Dulc. -----	5jss.

A teaspoonful to be given alternately with the powders.

He has now been on this treatment for 24 hours.

The flush has disappeared from the face and the surface is bathed with perspiration; pulse reduced in frequency to about 90, and is more natural; tongue is still red, but no undue action of the bowels, which have moved but once to-day; has also passed water once in the same time; his pains have abated, and the swelling is decidedly diminished. We would continue the same course of treatment unless it should produce too much of a sedative or nauseating effect, in which case the veratrum should be discontinued. The powders should be modified by the removal of the mild chloride to avoid any unnecessary influence of the mercurial, and if he has no evacuation for 24 hours should have a mild laxative; perhaps the best thing would be a tablespoonful of castor oil.

Nov. 18th.—The patient now seems to be entirely free from fever; skin cool; swelling entirely gone from joints; tongue much more natural. Would discontinue the fever mixture, and give the powders three times a day only. The patient will probably be up and about in a few days.

January 31, 1871.

CASE II.—ACUTE DYSENTERY.—This patient came into the hospital last Friday; was taken with acute dysentery the previous Wednesday. The attack commenced with slight

chills and some general pains, more especially in the abdomen, where they were griping sharp and severe, with frequent desire to evacuate the bowels, and tenismus. Passages slimy and mixed with blood.

There was moderate fever, coated tongue, pulse slightly accelerated, and the temperature of the skin a little elevated. There are many remedies which have been used to arrest acute dysentery. Some physicians are in the habit of putting a patient in the first stage upon laxative salines till they obtain a free fecal evacuation, and continuing them for several days after.

I have never succeeded with the evacuant treatment, and so far as my observation goes, in most of the cases where it has appeared successful they have always been where enough of the salines had been given to evacuate the bowels, invariably combined them with opium, without which they would not have succeeded.

Another method is by the use of ipecac in large doses, given at once, and the earlier the better; 20 grs., for instance, at intervals of one to six hours, and this is claimed to be infallible. If the first dose vomits the second will generally be tolerated, it is said, and two to four doses are claimed to be sufficient to subdue the disease. I have faithfully and thoroughly tried it in but few instances. In about half of the cases it vomited effectually, no matter how many times I gave it. In some it produced the happiest effects; in others, where it could not be retained in the stomach, I have administered it successfully per enema of starch associated with laudanum.

This patient, before I saw him, had taken one dose of opium. Since then has been taking turpentine and laudanum emulsions, viz.:

R.	Ol. Terebinth	-----	3iij.
	Tinct. Opium	-----	3iij.
	Acacia	-----	3iij.
	Sacch. Alb.	-----	3iij.
	Aqua Mentha.	-----	3iij.

M. One teaspoonful every four hours.

And a solution of carbolic acid, as follows:

R _x . Carbolic Acid, Cryst.-----	6grs.
Tinct. Opii. Camp.-----	3jss.
Glycerine -----	3ss.
Water -----	3ij.

M. One teaspoonful every four hours alternately with the emulsion.

Improvement has been steady, and he is now almost entirely cured; has but one passage in 24 hours, and this nearly natural.

The method of treatment which I have usually followed after the first stage was past is to give, if the patient has not had free evacuations at the beginning of the attack, 4 or 5 grs. of calomel, either with or without 2 or 3 grs. of ipecac, followed in five or six hours by a laxative of castor oil, sulphate of magnesia, or Rochelle salts. As it is safe to assume in such cases that there is more or less fecal matter retained in the alimentary canal. Then putting them upon some combination that is sufficiently anodyne to overcome the pain, and to reduce the frequency of the discharges. Benzoin has some property that diminishes inflammatory action of the mucous membrane, especially after the first stage. It is not astringent or tonic, but it possesses an alterative influence that is valuable in the peculiar condition of the vessels that belongs to these cases after the acute stage.

This patient needs no additional treatment except to lessen the amount of medicine, and as the emulsion begins to nauseate and the passages occur but once in 24 hours, we may safely and profitably omit it.

January 23, 1871.

CASE III.—SCIRRHUS AT THE PYLORIC ORIFICE OF THE STOMACH.—In this case we find a tumor of a hard unyielding feel, the most prominent point of which is at the umbilicus, and extending some distance above and below.

There is complete development of the cancerous cachexia, great emaciation, sallow hue of the skin, and some degree of oedema in the lower extremities, the result of an impoverishment of the blood.

The patient has been troubled with indigestion for several years, and within the last month has commenced to be annoyed with vomiting whenever food accumulates in the stomach. The food is then ejected with a little bile and thick ropy mucus. If she abstains from food and drink vomiting will not occur. The same result might be obtained by limiting the diet to sweet milk and lime water, in equal parts, taken every half or three-quarters of an hour. This amount would probably be absorbed without creating distress, but if a large quantity is taken it will produce increased muscular action in the walls of the stomach. The ingesta brought in contact with the pyloric orifice excites reflex action, and the food is expelled.

The most effectual method for securing relief in these cases is the restriction of the patient to a diet composed of bland simple substances capable of being absorbed by the coats of the stomach, and these should be given in small quantities so that what is taken at one time may be absorbed without leaving any accumulation to be carried through the pylorus.

In cases as far advanced as this, when the pyloric orifice has become sufficiently narrowed to embarrass the passage of food, the patients will frequently importune for something to move the bowels, but physic will only increase the distress. The bowels do not move, simply because there is nothing in them to excite peristaltic action, and the less they are interfered with the better.

When we find a case of this kind at any stage there is no reason in the experience of the past to suppose that the case will yield to treatment.

Iodine, carbolic acid, etc., have all been used without marked success in any instance.

The principal thing to be done is to regulate the diet, as before indicated, and put them upon such treatment as will soothe the pain and assist nutrition.

I have found more amelioration from the use of a solution of carbolic acid, rendered anodyne by paragoric, than from any other combination. The formula directed in this case was as follows:

Ry. Carbolic Acid Crystals -----	6grs.
Glycerine -----	3ss.
Tinct. Opii. Camp.-----	3jss.
Water -----	3ij.

M. Dose, one teaspoonful every three or four hours. This associated with the use of lime water and thin porridge occasionally in small quantities.

Have sometimes used a pill of conium and arsenite of sodium, but most generally if the stomach is the seat of the disease it has appeared to add to the distress, although in cancer of other organs, as the breast, uterus, etc., the combination has seemed to afford more relief than any other internal treatment.

Correspondence.

WATERTOWN, WIS., *April 11, 1871.*

DEAR EXAMINER,—It has been my intention for some time to send my experience in the use of the “Bromides in Summer Complaints of Children.” It was my habit to give the brom. potass in from $\frac{1}{2}$ to 2 gr. doses every one, two, or three hours, according to age and symptoms. At first, however, when called to a very severe case my courage would fail me, though I had found no occasion for it, and I would resort to the usual treatment. After reading Dr. Caro’s report on the use of the “Brom. Potass. in Summer Complaints of Children,” in the August number of the EXAMINER, for 1869, I had more confidence in the treatment. This report agreed so nearly with my own views of the physiological action of the bromides that I had but little hesitation in accepting his conclusions. After a faithful trial, during two seasons in which there has been a great prevalence of diarrhœa and dysentery, I am almost as confident of the value of the treatment as is Dr. Caro. Though I could not report as many cases I could report some as remarkable. I have that confidence in the treatment that I do not despair so long as life remains. I have been called to cases where it seemed useless to do anything, but would leave medicine and orders to

let me know if child were living next day. Would always have occasion to repeat my visit, and find decided improvement. Have had but two or three deaths since I have relied on this course of treatment, and they were scrofulous children. I am aware that remedies which have in the practice of some been very popular have wholly failed with others. At present I have but few remedies in which I place so much confidence as in this form of treatment. At first I used the bromide alone in simple solution, gr. xx. to grs. xxx. to the ℥j. I am now in the habit of using syr. rhubarb, vil., as menstruum. R. Syrup. rhubarb, vil. ℥ij., potass. brom. ℥ij., ℞., s. gtt. x. to xx., every one, two, or three hours. If there is much pain or restlessness I add to above from $\frac{1}{2}$ to 1 gr. mor. sulph. After further trial I may lose some of my present confidence. I would like to hear from others on this subject, for it is only by comparing views we can ever reach anything of certainty in therapeutics.

The necessary precautions for nursing should always be strictly urged. Bathing, pure air, prudent clothing, and a rigid attention to the diet, which should be fresh milk in small quantities, are all important. These without medicine would answer a better purpose than medicine with inattention to these particulars. Many more of these little sufferers would be spared if we should take more pains in giving directions for nursing. So many nurses are to be found who think that if they give the medicine to the minute, as the doctor ordered, they are doing their whole duty.

F. G. WILLIAMS, M.D.

Proceedings of Societies.

ASSOCIATION OF AMERICAN MEDICAL EDITORS. THIRD ANNUAL MEETING.

At ten o'clock, May 1st, 1871, the Medical Journal Association met at the rooms of the San Francisco Medical Society, on Sutter Street. Dr. H. R. Storer, of Boston, President of the Association, called the meeting to order, and stated that from

the arrangements being made, the Delegates of the Medical Association from the East would have a pleasant time.

In the absence of the Secretary, Dr. Henry Gibbons, Jr., was elected Secretary *pro tem*.

The proceedings of the last annual meeting not being at hand, Dr. N. S. Davis, of Chicago, read the plan of organization of the Society, the object of which is to cultivate fraternal relations among members of the medical profession, to urge a higher standard of preliminary education of persons proposing to enter the profession, and to collate vital statistics.

AMENDMENT TO THE CONSTITUTION.

Dr. N. S. Davis, from the Committee on Revision of Laws, presented the following amendment to the constitution relating to officers, which, on motion, was adopted:—

“The officers of the Association shall be a President, Vice-President, Secretary, Assistant-Secretary, and Treasurer. All except the Assistant-Secretary to be elected annually by ballot, and shall commence their term of service at the opening of the next annual meeting after their election. The Assistant-Secretary shall be appointed annually by the President, and shall be resident at the place of the next succeeding meeting.

“It shall be the duty of the Secretary to procure a suitable book, and keep in it a permanent record of the organization, list of members, and proceedings of the Association, and, in case of his inability to attend any particular meeting, he shall, prior to such meeting, transmit the book of records to the Assistant-Secretary.

“It shall be the duty of the Assistant-Secretary to procure suitable accommodations for the annual meetings of the Association, and to assist the Secretary in the performance of his duties.”

JOURNALS REPRESENTED.

The following journals were represented at the meeting:

Journal of the Gynecological Society of Boston, Dr. H. R. Storer; *Chicago Medical Examiner*, Dr. Davis; *American Practitioner*, Dr. Yandell; *National Medical Journal*, Dr. Toner; *Pacific Medical Journal*, Dr. Henry Gibbons.

On motion, the Committee on Registration was discontinued, as they had presented no report in three years.

On motion, the Committee on Foreign Exchanges, consisting of Drs. Dawson, of New York; Parvin, of Louisville; and Mitchell, of New Orleans, was continued; and Dr. Jones, of New Orleans, was added to the Committee.

The President stated that he had communicated with Pro-

fessor Henry, of the Smithsonian Institute, who had promised to aid in keeping up the International exchanges. The Chair also stated that last year the Society only numbered 12 or 13 journals, but at present numbered about 40 members.

RESOLUTIONS.

Dr. Davis offered the following resolutions :

Resolved, That the social, educational, and scientific interests of the profession would be greatly promoted by a more complete organization in every State and district in our country, such organization being calculated not only to direct and diffuse knowledge, but also to afford the most efficient means for procuring concerted and efficient action on all important questions of medical education and progress.

Resolved, That deficiency in the general education of young men entering upon the study of medicine in this country is an event of great magnitude, not only constituting a barrier to individual progress in professional life, but greatly lessening the general reputation and usefulness of the profession.

Resolved, That the members of this Association be requested to use their respective medical periodicals as agencies for calling the special attention of the profession to the topics mentioned in the foregoing resolutions, until such a professional sentiment is created that no regular practitioner will feel at liberty to receive a student into his office who does not present testimonials from some competent source that he has at least a competent knowledge of the ordinary branches of education, including the lower mathematics and the natural sciences; and the social organizations are so far complete that the several State Societies become the real and authoritative representatives of the profession in each State.

On motion, they were laid over until the evening session.

INVITATIONS.

The Chairman read an invitation he had received from Dr. Thomas M. Logan, inviting the Association to attend the meeting of the California State Medical Society.

Dr. Yandell moved that the invitation be accepted, and to reciprocate by inviting the California State Medical Society to attend the meeting of the Association, and address by Dr. Storer in the evening.

The meeting then adjourned till eight o'clock P.M.

EVENING SESSION.

Pursuant to adjournment, the Association met at eight o'clock in the evening, in the hall of the Young Men's Christian

Association, quite a large number of ladies and gentlemen being present.

Dr. Storer, the President, called the meeting to order, and delivered the annual address. The address was listened to with marked attention, and the speaker applauded at its close.

The Association then proceeded to business. Dr. Dawson, of the *American Journal of Obstetrics* of New York, was reported present.

ADOPTED.

The resolutions introduced at the morning session by Dr. Davis were taken from the table and read.

Dr. Yandell moved that the resolutions be adopted and published in all the medical journals. Carried.

ELECTION OF OFFICERS.

On motion of Dr. Davis, the Association proceeded to the election of officers for the ensuing year, with the following result: President, Dr. B. F. Dawson, of New York; Vice-President, Dr. H. Gibbons, Jr., of San Francisco; Secretary, Dr. F. H. Davis, of Chicago.

THANKS.

On motion of Dr. Yandell, the thanks of the Association were tendered to Dr. Toner in recognition of his labors in the preparation of an index of all the physicians of the country, and the contents of all medical journals since their publication, with a request that he continue the work, and report at the next annual meeting.

The Association then adjourned until May next.

THE MUTUAL RELATIONS OF THE MEDICAL PROFESSION, ITS PRESS, AND THE COMMUNITY.

AN ADDRESS DELIVERED AT THE ANNUAL MEETING OF THE ASSOCIATION OF MEDICAL EDITORS, ON MAY 1ST, 1871, AT SAN FRANCISCO.

By HORATIO ROBINSON STORER, M.D., President of the Association.

Gentlemen of the Association of American Medical Editors: Coming together from the opposite portions of the Continent, we have met to-night, not merely "to cultivate professional courtesies, and to facilitate the conduct and general management of our journals," but, still further to quote the language of our constitution, "to promote their usefulness, and make

them a still greater power for professional and popular good, and thereby, most especially, "to advance the interests of Medicine." Such being the purpose and intent of our organization, there can be no topic more appropriate for me to present to you; none more fitting to the time, the place, and all the circumstances of the occasion, than

THE MUTUAL RELATIONS OF THE MEDICAL PROFESSION, ITS
PRESS, AND THE COMMUNITY.

These relations are manifold. To consider them all would be impossible in the brief space of an half hour's address. I shall, therefore, endeavor to speak only of the most important of them, and, avoiding all attempt at fine writing, to make my remarks terse, very plain, and thereby, I trust, effective.

The Medical Profession in this country consists of what? To this question a multiplicity of answers present themselves, all of them true to a certain extent, and yet all of them, save one, very degrading to the term's highest idea. Were every physician what he should be—a thoroughly honest, straightforward man, anxious only for his patients' welfare, laboring for the development of his science, and not alone for gain, liberalized by education, humanized in the highest sense by a constant entering into the sufferings he is compelled to meet, and, above and beyond all else, spiritualized by the recognition that his every success is but a vouchsafement of God's great mercy, and he but its humble instrument—what a different art were medicine, what a different place in the world.

Of the seventy thousand or more persons in the United States licensed under the Revenue laws to practice medicine, how large a proportion, is it supposed, can be claimed to possess the qualifications just adverted to? Even if we eliminate all who, in default of professional graduation, have no valid title to the name, and all professional empirics, of whatever stripe or hue—Caucasian, aboriginal, or Chinese; tackers, whether of "path" or "ist" to their names—there still remains a mighty host, swelled again to its original dimensions, if the title is permitted, as in many sections of the country, to dispensing druggists, and still again to that doubtful sex wearing the habiliments of womanhood, but assuming the work and the prerogatives, while it seeks to escape the legal responsibilities, of man.

* * * *

As a graduate in law as well as in medicine, from the twin schools of that dear old University whose foundation goeth back to the time when jurisprudence and the art of healing, those

best transplantations of civilization, first were landed on the Atlantic coast, I yet yield for them the palm to that nobler vocation, by whose teachings and ministrations, though God's grace, our yokes here are lightened, and hereafter our best hopes ensured. "Christo et Ecclesiæ." To these did John Harvard dedicate his worthy gift, whose ever-recurring power manifests itself in the skill, the intelligence, and the professional reputation of so large a proportion of American medical practitioners. Do I say that the lawyer and the physician should yield precedence to the priest? Can any one of us who has personally looked within the veil, losing wife or child, or himself sick nigh unto death, do otherwise?

By such recognition of the true sacerdotal function, confessing our dependence upon that One Supreme, to whose immediate presence with us we owe every so-called cure, we but increase, with our own happiness and self-respect, our esteem by others; for what sceptic even is there who would not sooner trust his life to a devout physician than to an unbeliever? Or what man or woman who can afford in their direst strait to spurn the gentle, loving touch of the All-healing hand? * *

The physician is to render to his patient of the tenderness and sympathy, care and assistance he has himself received. Let every man see to it that the Fountain is not forgotten, nor impute thereto his own defilement of the precious stream.

That the education of physicians is frequently so limited goes far, there can be no doubt, to prevent that general bestowal of confidence which otherwise would be conferred. For this, however, the community partly, as in part ourselves, are to blame. If a second-rate article is all that is sought by the purchaser, he should not complain if it be received. If the medical colleges are content to underbid each other, and year after year to pursue the suicidal warfare, they should not grieve that their students, become practitioners, so often are starvelling, and so frequently do them discredit. * * * *

Professional "intuition" in the treatment of disease is seldom to be found. It is a very different thing from the *vocation* of which I have already spoken—without a sense of which none should ever assume so sacred a trust. A knowledge of human nature is useful to us, as a matter of course. It no more, however, constitutes a complete preparation for practice than would a knowledge of mechanics, or of inorganic analysis. It is as with houses built upon a rock and upon the sand—unless early education be well laid and solid, a broad and good foundation, the most elaborate after-structure will prove easily shaken

and unsafe. It matters not what, or how many, the apparent exceptions to this rule, for these brilliant self-made men would have shone with far more lustre had they but received the early training of whose lack none are more painfully conscious than themselves. However great is the credit their due, there's always a blur to the gem, and sometimes the very contrast with what might have been, makes this seem the greater. President Eliot, of Harvard University, told but the truth in that now famous paper of his, upon "The New Education." "The term, 'learned profession,'" he said, "is getting to have a sarcastic flavor. Only a very small proportion of lawyers, doctors, and ministers, the country over, are Bachelors of Arts. The degrees of LL.B. and M.D. stand, on the average, for decidedly less culture than the degree of A.B., and it is found quite possible to prepare young men of scanty education to be successful pulpit exhorters in a year or eighteen months. A really learned minister is almost as rare as a logical sermon." And as for the yearly graduates from our medical schools, "Poor humanity," continues President Eliot, "shudders at the spectacle of so large a crop of such doctors." Who of you will not admit that a really learned physician, in the highest sense, is as rare as, by differentiation, the only possible method, a perfectly correct abdominal diagnosis,—which, I am sometimes inclined to say, has never yet been made.

Such being the truth, what of ourselves—to a certain extent representative members of the profession—and of the power which we wield, the press? As individuals we may be very far from the standard our responsibilities demand—many of us undoubtedly are—but, in the aggregate, there's a mightiness in this editorial function, that makes of one's chair well-nigh the throne of Jove. Woe to the evil-doers upon whom its bolts chance to descend!

The opportunities and the influence of the Medical Press, its history in this country, and the causes which, thus far, have interfered with its full measure of usefulness, were all so intelligently discussed by my predecessor, Dr. N. S. Davis, of Chicago, that I will not weary you by their recapitulation.

A few words, however, may be necessary, in this connection, to render more evident the bearing of what will follow.

As there are many classes of so-called physicians, with but one real and honest distinctive type—so this expression "Medical Press" may mislead, unless now more strictly defined. Many of you are authors of no mean repute; you have published, out of the stores of your own experience, manuals or text-books in

the several departments of medicine, or have laid your contributions, in the form of original memoirs or monographs, upon the lap of our science. Others, of whom the number was formerly far greater, have descended to a lower plane, and as translators or copyists, have revamped the work of foreigners into our English tongue—doing it too often, I grieve to say, as veritable pirates, without the slightest concert with the authors themselves—thus bringing the whole editorial profession into grave disrepute. * * * *

In our calling, as in all others, there are strong and positive tendencies,—on the one hand, upwards; on the other, towards deterioration. In the union that we now commemorate, just as there is strength for us all, so will it be found that the purer tendencies to which I have alluded will be intensified, the less worthy ones diminish or be destroyed.

License, for instance, you will not tolerate, even while ensuring a truer freedom. Every leaning towards irregularity in practice, or towards its excuse or encouragement, as one man you will rebuke. Praise of self will find itself merged in an utter forgetfulness of self-contemplation, through the very working for others' good.

In this connection I would say one word concerning the relations that we hold to these patrons, our brethren of the profession itself. We have our work to do for them, and we all of us endeavor to do it well. They encourage us by their contributions to our pages, by kind messages in the letters they write to us, and, to an ever-increasing extent, by the money enclosures therein contained. And yet, though personally I have had every reason to be grateful upon each of the scores I have named, I am sure that you will agree with me when I say that the medical profession as yet falls far short of its duty toward the press. * * There are honorable exceptions, it is true, to the remark that I have made. The magazine under my own direction has a subscriber who wrote that the "*Gynæcological Journal*" was the thirteenth medical periodical that regularly came to his table; and this was a hard-working, over-driven physician, in a sparsely settled country district, with no leisure for study, it would seem, than that afforded while in the saddle upon his daily beat; and yet I will venture to say that this gentleman, by this means, kept himself better informed, more completely at a level with the prominent men of the day, than thousands of city practitioners, with greater wealth, more leisure, infinitely more pretensions, and far less liberality towards the members of this Association. There is not a physician

in this country, I dare affirm, who would not each year obtain his money back again, at compound interest, were he to subscribe for and read with the most ordinary appreciation, a copy of each of the journals that we represent. One-half of the sum that most men throw away at auction sales, for stale and musty editions of authors now far behind the age, expended in subscriptions for the medical journals of the day, would not only do much for the continued education of our friends in practice, and keep their minds alive to the improvements in methods of study and treatment constantly being made, but it would tend infinitely towards a greater appreciation of and respect for our own native medical writers, who, through the channels of communication you offer them, are becoming recognised, as never before, by the profession of foreign lands.

Let us turn now to the relations of our profession and its press to the community.

There are many persons who look upon their physician as simply their servant, to be paid his wages, and not always when due, at their beck by day and by night, and to be discharged when the whim takes them, as summarily as their horses' groom. There are practitioners, on the other hand,—would that there were more of them!—who, while they look to the public for means of support, yet believe that the skilled laborer, in such a calling, is in every way worthy of his hire; and so far from considering themselves as favored by those who call them to set a limb or ward off a convulsion, hold that it is they themselves who confer the boon, and that the arduous and often repulsive labors thus undergone for others' sake are not to be balanced by gold. These views conflict, the one with the other. Both are to a certain extent wrong; but I should dishonor my calling did I not hold, as I do most devoutly, irrespective of any *esprit de corps*, that our own view of the question is by far the more correct one. That it is not universally accepted by the community is not owing so much to a lack of grateful sensibility upon its part, as to a cheapening by physicians of each other, and of themselves. The moment a medical man descends to underbidding or decrying his neighbor, that moment he becomes to the commonest intelligence a mere market man, to be haggled with, brow-beaten, or taken advantage of himself. Were the provisions of the code of ethics of the American Medical Association generally accepted as they are by members of the profession, even though not as yet connected with that national body, but known and appreciated by the community, our present relations would be very materially changed. It

would then be understood, that so far from being merely a system of checks and counter-checks for self-protection, and to preserve the privileges of a guild, the code exists for the safety of the public, to prevent quackery and its reckless tampering with the lives of men; to keep for the sacred art, so far as possible, its character of self-sacrifice; and to ensure, through the physician's own effort, his retaining the intrinsic nature of a gentleman—refined, and so fit to deal with exquisite mental and physical derangement,—honorable, and so to be trusted as the friend in the sorest need. We are not permitted to dispense secret medicines though to do so were a royal road to fortune, neither may we patent a medical invention or discovery, however meritorious in itself it may be. This negation is not for the purpose of defending ourselves from each other, but to protect the community from the chance of our yielding to those ordinary temptations that surround all classes of men, and to ensure to it the full measure of every stream of beneficence of whose source we may perchance obtain the key.

Were these facts but better appreciated, there would be less distrust of physicians, and of their measures for the relief of suffering, and less complaint by them of the ingratitude of their patients. * * * *

But, I may be asked, is it possible for us to withstand, to any appreciable extent, the flood of empiricism that is now everywhere threatening to beat down and cover all the old landmarks? Unless we have faith that it is possible, we are unworthy to be here in California at the present moment, surrounded, as we are upon every side, by monuments to success under what seemed insurmountable difficulties; to courage that saw, in this begun, the same already accomplished.

That there exist in all communities, representatives of every form of irregularity in practice, what our Canadian neighbors call medical "sects;" that the present extreme tendency to popularize, upon the part of our more prominent professional writers, may bring dignity and permanence of standing into jeopardy; that the running riot of men's and women's minds in their discussions of questions of social science, whether within or without special associations provided therefor, goes far to confuse anew many a matter already none to plain—these are certainly discouragements. But what of that? Were everything plain sailing, were there no dangers to avert, and no obstacles to overcome, of what possible purpose would be our Association? Of what use indeed, our journals at all?

We object, very properly, to certain definite and distinct

violations of the Ethical Code; to "irregularities" so-called, and every looking thereto; but we yet permit an extremely wide range of action. We would not advise that every man should be his own physician; he, himself, is often the first to recognize that error; precisely as when, his own lawyer, he attempts to manage a case in Court. And yet how much preferable it would be, did technical skill and what is known as common sense, oftener make each other's acquaintance! We believe in erudition; and yet, is he not the best general practitioner, who is, after all the best nurse? Was there ever a coroner's inquest where it would not have been for the public interests, had the jury understood a little better the scientific evidence underlying the case? Was there ever a trial for malpractice where justice did not feel the lack of a clearer insight into medical measures or surgical methods, and the still more mysterious processes of nature? * *

To-morrow we are to meet our subscribers and contributors from all parts of the country. They have given us aid and encouragement; we, in return, can stay their hands in their every effort for the increased influence and honor of the great national medical body. Many and varied will be the measures that are to be, or may be, proposed. There is the fundamental and ever-recurring question of Medical Education. Shall it still remain in the custody of the college teachers, who have found it difficult to be perfectly disinterested in this matter—there are many of them among ourselves, but as editors they have risen to a higher level, and I can therefore speak thus freely—or is it to be settled by the outside profession, which has already wisely decided that it has the power? In the letters which I have received from every one of your number, you have urged me, almost without exception, to declare, as the decided voice of the Editorial Association, that the standard of medical education in this country *must be raised*. * * *

Will it, again, be an advantage or not for the Association to recommend the formation of a National Medical School, liable as such would always be, through political changes and favoritism, to pass into the hands of the common enemy.

The establishing of a National Medical Journal, which, overshadowing that of our learned brother Cox, of Georgetown College, should, like the organ of the British Medical Association, serve as the especial mouth-piece of the great annual professional conclave.

The formation of a Board of General Scrutineers, whose gauntlet would prove far more fatal than those of the present

Annual Committee of Arrangements and the Committee upon Ethics combined, to many presenting themselves as delegates.

The founding of a National Board of Censors, with branches in every State, whose examination should stamp, as worthy or not, the standing of every physician already holding a college diploma.

Whether or no there should be a National System of Quarantine.

The upholding the Code of Ethics, as binding upon societies of medical men as well as upon individuals, and branding with infamy attempts, like that recently made by the Councillors of the Massachusetts Medical Society, to set it at naught.

These are all of them topics of the highest professional moment. In their settlement you have an interest, now by your votes, and hereafter in the fertile fields for discussion they are to afford your pens. I have no question that your influence, then and now, will be cast as an unit upon the side of the right. We legislate not for ourselves, but for the future. * * * * *

The Doctor then alluded to a conflict which had arisen in the East as to the controlling power of the American Association, and then proceeded as follows:

There are two points of great interest to us as journalists to which I will here call your attention. Together they comprise a means of reaching the profession collectively, and of placing the labors of our fraternity within its reach, to an extent never before possible. For them both, we are indebted to the unselfish and tireless industry of Dr. J. M. Toner, of Washington, for so many years a prominent member of the American Medical Association. Dr. Toner has prepared, and corrected to the present moment, a list of 50,000 of the physicians now practicing in the United States. This he places at your disposal, for consultation or other use. He is also engaged in preparing a complete index of the contents of all the medical journals hitherto published in the country. The value of this work, when completed, will be incalculable. * * *

The following is the register of the Association. At the time I assumed its Presidency, there were, as I have said, thirteen journals enrolled, of which one, the "St. Louis Medical and Surgical Reporter," has since ceased to exist. There remained, therefore, the following twelve:—

Chicago Medical Examiner; Baltimore Medical Journal; Richmond and Louisville Medical Journal; Nashville Journal of Medicine; Galveston Medical Journal; New Orleans Journal

of Medicine; Detroit Review of Medicine and Pharmacy; American Practitioner (Louisville); Cincinnati Lancet and Observer; Oregon Medical and Surgical Journal; American Journal of Obstetrics and Diseases of Women and Children (New York); Journal of the Gynæcological Society of Boston.

In addition to the above there have joined us during the past year no less than twenty-six journals more; to wit:

New York Medical Journal; New York Medical Gazette; New York Medical Record; Journal of Psychological Medicine (New York); National Medical Journal (Washington, D. C.); American Journal of Insanity; Buffalo Medical and Surgical Journal; Medical Times (Philadelphia); Chicago Medical Journal; Indiana Journal of Medicine (Indianapolis); Michigan University Medical Journal (Ann Arbor); St. Louis Medical Archives; St. Louis Medical and Surgical Journal; Cincinnati Medical Repertory; Leavenworth Medical Herald; North-Western Medical and Surgical Journal (St. Paul, Minn.); Pacific Medical and Surgical Journal (San Francisco); Boston Journal of Chemistry; Physician and Pharmaceutist (N. Y.); Photographic Review of Medicine and Surgery (Phila.); Georgia Medical Companion (Atlanta, Ga.); Medical and Surgical Repertory (Griffin, Ga.); Kansas City Medical Journal; Clinico Pathological Reporter (Jefferson, Texas); Canada Medical Journal (Montreal); Canada Lancet (Toronto).

Gentlemen, you had my hearty thanks for the honor you conferred, far beyond my every poor merit, when electing me to this most honorable post. I now repeat them, for the courtesy extended to me upon the present occasion. In your behalf, also, I would express the gratitude of the Association to our California brethren for their kind welcome and most liberal hospitality.

May we return to our homes from this land of enterprise, rapid growth, and largeness of heart, educated, even by so short a sojourn, to a greater breadth of view, a more self-sacrificing zeal, and higher purposes, than a single one of us has ever known before. Our union will then have been cemented strongly enough to resist any and every force of demoralization, whether from without or within; and the profession, recognizing at last the power of our fraternity, will frankly confess, as has so long been done by the community at large, that the Press, well organized and wisely conducted, in reality rules the world.

AMERICAN MEDICAL ASSOCIATION.

FIRST DAY.

The Twenty-Second Annual Meeting of the American Medical Association, organized in Philadelphia in 1847, was commenced at Pacific Hall, on May 2, '71. About 200 medical gentlemen were present. The present officers are:—President, Dr. Alfred Stillé, of Pennsylvania; Vice-Presidents, Dr. J. S. Wetherly, of Alabama; Dr. Henry Gibbons, of California; Dr. T. J. Heard, of Texas; Dr. Samuel Willey, of Minnesota; Permanent Secretary, W. B. Atkinson, M.D., Philadelphia; Assistant-Secretary, Dr. Joseph Tucker, of California; Treasurer, Dr. Caspar Wistar, of Pennsylvania; Librarian, Dr. F. A. Ashford, of District of Columbia.

About half-past eleven o'clock, Dr. Arthur B. Stout called the meeting to order, and introduced President Dr. A. Stillé, who was greeted with applause.

The Right Rev. Bishop Kip was next introduced, and offered a prayer to the Throne of Grace.

The Committee of Arrangements were called on for a report of the credentials of members.

Dr. Stout came forward, and in some appropriate remarks greeted the members of the Association from the East. He spoke of the scientific interests and the progress they had made in the last quarter of a century. He next referred to the improvement and rapid strides made in California in all departments of learning, science, and art, and then adverted to the many obstacles thrown in the way of the medical profession, and the attacks made on it by the bar, ministry, poets, and authors. In conclusion, he said it was proposed to give the members an opportunity to see some of the sights of this city and vicinity.

Dr. Stout reported that the registration had not yet been completed, 200 members having thus far been registered.

On motion, the Committee were given until the following day to present their report.

A letter was read from Prof. S. D. Gross, of Philadelphia, ex-President of the Association, regretting his inability to attend the sessions of the Association. It was ordered spread on the minutes.

The Secretary read invitations from the California Pioneers, tendering the freedom of their hall to the members of the Association, and from the Board of Health of the city, inviting the

Association to visit the City and County Hospital, Alms House, Industrial School, City Prison, County Jail, and Health Office. The invitations were received and filed.

On motion of Dr. Stout, all members of the California State Medical Society not delegates were invited to sit as members by invitation.

PRESIDENT STILLE'S OPENING ADDRESS.

The President commenced his address by remarking that exactly a quarter of a century ago a convention assembled in New York City for the purpose of founding this Association.

When these events took place, California had but recently been brought within the boundaries of the United States. This State, which now draws travelers from every quarter of the globe to admire its sublime scenery, its marvelous vegetation, and its fabulous wealth, was known to few beyond its borders, and excited but little interest anywhere. Separated from the populous regions of the East by ranges of lofty mountains, by boundless prairies, and by arid deserts, it seemed destined to perpetual isolation, or to be approached only by a tedious and circuitous ocean voyage.

But twenty-five years ago! Yet to-day civilization sets by the Golden Gate in a populous and splendid city; industry and wealth teem over the land so lately trodden only by the savage or the indolent Mexican; the devious voyage and the dreary and dangerous journey of the slow caravan are replaced by the swift cars that bring the Atlantic and Pacific shores within a week of one another. The features of this young capital announce her culture of art; her literature proves that she sprang full-grown from the brain of civilization; our meeting here to-day proclaims that her physicians and her medical institutions are in harmony with those of the medical world beyond the mountains.

While this precocious development is, perhaps, less an example of growth from the seed than of transplantation of the natural product, it is, nevertheless, to be observed that the intellectual growth of California is paralleled by the extraordinary productions of its soil, whose flowers, and fruits, and forest trees excel in magnitude and exuberance those of the eastern shore of our continent. And we may fairly anticipate that the climate of this western land, which already has marked the inhabitants with a healthier hue, and subdued somewhat that adent and restless temperament which distinguishes Eastern Americans, will peculiarly fit them for the investigation and solution of the higher problems of medicine.

There is something so marvellous in our assembling here as almost to make one doubt the evidence of his senses. That one of the largest of the learned Associations of the country should hold its sessions where, a quarter of a century ago, the words science and art had never been pronounced appears miraculous. And yet, if we regard the history of our own profession, the feeling of astonishment will hardly be less, for we shall see that during the same period it has also advanced with scarcely shorter strides upon the pathway of improvement.

The President enlarged upon this subject and then continued:

Among the instruments devised for hastening the progress of popular and professional enlightenment, is this Association. It was founded by physicians who were painfully alive to the deficiencies of the schools, especially in comparison with those of Europe. Some who were most ardent in labor for establishing a higher grade of medical education, had resided abroad, and had felt humiliated in comparing their own attainments with those of their foreign contemporaries. Others who had not been subjected to this painful experience were, nevertheless, acquainted with our shortcomings, and were equally in earnest in arousing the medical profession and inducing the medical colleges to enlarge their curriculum, prolong their terms of study, and exact from candidates for the medical degree a larger amount of professional knowledge. There was no doubt of the need of improvement, nor any of the sincerity of those who advocated it. It is very certain, also, that the combined action of 1846, which created this body, only represented the culmination of partial movements towards the same object which had taken place during at least thirty years before. The schools and the profession were as one in conviction and desire. * * *

Why, then, is it that although the profession and schools are agreed in the essential principles involved in the problem of medical education, so little should be practically done to solve it? This question will, perhaps, be best answered by contrasting once more our own country with others in which a systematic and elaborate method is established. The first contrast which strikes us is that everywhere, except in the United States, medical, like all other education, is regulated by law; so that neither the number of schools, nor the duration of pupilage, nor the extent of the curriculum, nor the condition of graduation, can be arranged to suit the intellectual culture of any particular locality, nor the convenience of any particular faculty. Before the late Franco-German war the number of medical schools in France was only three, in Germany and Austria together not

more than a dozen, and in Great Britain and Ireland about the same number. Each one of these geographical divisions contains a population as great as that of the United States, if not greater, and yet we number about five times as many medical colleges as do the largest Empires of Europe. Admitting that our vast territory justifies, in some degree, but only in a small degree this disparity (for distance has almost been annihilated by railroads), it cannot be doubted that we support at least three times, perhaps ten times, as many medical colleges as we require. And while this excess remains, it is in vain to expect that all, or even a majority, of the schools will agree in adopting an improved plan of education. The interests of the greater number of them forbid it imperatively. * * * * *

It is evident, therefore, that no progress can or will be made in the true direction unless one of two preliminary conditions is secured. Either some one institution must be endowed so as to be rendered independent of its rivals, or a number of the leading schools must agree together to adopt a curriculum in harmony with the present state of medicine, and with the system of instruction pursued in the principal schools of the world. Of two conditions there seems no prospect whatever that the first can be fulfilled. The execution of the second depends entirely on the goodwill of the colleges that are interested in the decision. No one can act alone; and every effort to induce several of them to enter into a compact which shall be of mutual obligations, and one not to be abrogated without the consent of all the contracting parties, or at least a large majority of them, has hitherto proved unavailing. What motives, if any, will determine the adoption of a different policy may be conjectured, but need not be suggested; yet it is safe to affirm that if the profession at large were to lend their support to those colleges and only those which determine to carry out essentially the recommendations of the conventions of medical teachers held at Cincinnati in 1867, and at Washington in 1870, we should soon enjoy the benefits of a system of education which would place the American medical profession upon a perfect equality with that of the most favored country.

It cannot be denied that the view which has now been presented of the condition and future requirements of medical education, demands a certain sort of abstraction. The seeker after truths must take a position from which his eye can observe, not only the past, nor the present, nor an imaginary future alone; he must embrace them all in a comprehensive view, and discern the law under which phenomena stand, or as

consequences of other phenomena. In this manner he will be liable to recognize them collectively as links of a chain that stretches from the beginning to the end of time, and learn that however little it may flatter his pride as an inventor or discoverer, his highest as well as most useful office is to build upon the foundation of the past, and according to the plan which the wisdom of ages, which is the highest experience, has determined to be the best.

To the judicious mind, there is in this no humiliation, for it is done in obedience to a natural law which pervades and controls all progress, whether social, civil, literary, or scientific. The perfected creature of to-day may have passed through countless ages of progressive development, and, in like manner, the germs of scientific truth have by slow degrees unfolded, casting of errors as useless appendages to the higher organism. How vast the space between the experiment of Galvani and the science which now bears his name! How wide the distance between the juggleries of Mesmer and the science of nerve physiology! How great the gulf between the charlantry of Hahneman and the splendid edifice which is now growing out of a study of the natural history of disease! Nothing exists in vain. Even fraud teaches by warning, and the world has furnished examples of prevalent errors which concealed some germ of truth. Like the wheat buried with an Egyptian mummy, it springs to life when once it is subjected to the influences that are fitted to develop it, and, if the idea involved in this digression be correct, so will the talent, the arder, the industry, the skill, the knowledge of our profession, blossom forth when once it escapes from the darkness and blight of its long vassalage to antiquated forms, and obeys the stimulus of a higher science, and has the consciousness of its elevation and of its renewed power to fulfil the noble and beneficent purposes of its existence.

At the conclusion of the address a vote of thanks was accorded to the President.

MORE INVITATIONS.

An invitation was received from the Physicians of the French Hospital to visit that institution.

The members were invited to bring their ladies to the morning sessions of the Association.

An invitation was also received from the California Academy of Sciences to visit their rooms.

Out of a list of seventeen Special Committees, only the following made reports, which were referred to the Sections:—

On Criminal Abortion. By Dr. D. A. O'Donnell, of Balti-

more. Referred to the Section on Practical Medicine and Obstetrics.

On Climatology and Epidemics of California. By Dr. F. W. Hatch, of Sacramento. Referred to the Section on Climatology and Epidemics.

On the Climate and Diseases of Mississippi. By Dr. J. P. Moore, of Yarrow City. Same reference.

On the Climate and Diseases of Minnesota. By Dr. Charles N. Hewitt, of Minneapolis. Same reference.

Several volunteer communications were received, and referred to the Sections on Surgery, and on Practical Medicine and Obstetrics.

One valuable paper, on the Medical Botany of California, was presented by Dr. Gibbons, of Stockton, Cal., and referred to the Section on Materia Medica and Chemistry.

On motion, the Association adjourned until ten o'clock on Wednesday morning.

SECOND DAY.

At half-past ten o'clock the Association met at Pacific Hall, Dr. Stillé, President, in the chair. The minutes of the first day's session were read and approved.

LIST OF DELEGATES.

The Committee of Arrangements presented a report of duly accredited delegates and permanent members.

Dr. A. E. Ames moved that the report be received, except that portion referring to the members by invitation.

Dr. Toner raised the point as to Dr. Thomas' relations to the Medical Society of Philadelphia.

Dr. Gibbons, Sr., suggested that the point raised might give rise to angry discussion, and he moved that the Chair appoint a Committee on Ethics, to whom such matters should be referred.

On being put to the vote, the motion was carried by a vote of 87 ayes to 15 noes.

The report of the Committee was on motion then received.

CALIFORNIA PHYSICIANS.

Dr. T. M. Logan submitted a list of members of the California State Medical Society not delegates, and moved that they be elected members by invitation.

The Chairman read the section of the law of the Association, which provides that members by invitation can only be elected when they are from districts unrepresented by delegates in the Association.

Dr. Stout said that notwithstanding the statute, he hoped some indulgence would be extended to the physicians of California.

Dr. Davis, of Chicago, strongly urged that the laws be not violated; they had been carefully prepared to cover that very point. He moved that the members of the California State Medical Society be invited to seats on the floor of the Convention, and mingle with the members of this Association.

Dr. Logan then withdrew his motion, and the one proposed by Dr. Davis was put to vote and carried.

MEDICAL EDUCATION.

At the request of the Secretary, Dr. Yandell came on the stage to read the report of the Committee on Medical Education, signed by Dr. E. Geddings, of South Carolina.

Dr. Toner objected to the report, on the ground that it was signed only by one member of the Committee.

The Chair decided the point not well taken.

An appeal was taken, and the decision of the Chair was sustained.

Dr. Yandell proceeded to read the report, which is a pamphlet of thirty-nine printed pages, but before he had concluded its reading, Dr. Gibbons moved that the further reading be dispensed with, and referred to the Committee on Publication, which motion, after a lengthy discussion, prevailed.

INVITATIONS.

Dr. Gibbons then announced the various invitations tendered to the Association, which have already been published.

A MEMBER REBUKED.

Dr. Gibbons, Sr., moved that the vote be reconsidered whereby the Committee on Vaccination was continued for another year, and that its Chairman, Dr. Henry Martin, be removed, for the reason that he had written a communication to a homœopathic journal in Massachusetts, attaching to it his official signature.

Dr. Storer suggested that the matter be referred to the Committee on Ethics.

Dr. Dawson said that the article was an insult to every member of the Association, and moved that Dr. Martin be expelled as a member of the Association.

Dr. Bibb offered an amendment, that a committee of three be appointed to prefer charges against the gentleman. It was finally resolved to refer the matter to the

COMMITTEE ON ETHICS,

which was then appointed by the Chair, consisting of Drs. Gibbons, Davis, Smith, Toner, and Parsons.

On motion of Dr. Stout, it was resolved to refer all questions implying accusations to the Committee on Ethics without discussion.

PRIZE ESSAYS.

Dr. Logan presented a report from the Committee on Prize Essays, who state that they had received five essays, and that they award the prize to E. R. Taylor, of Sacramento City, for his essay on the "Chemical Constitution of the Bile," bearing the motto, "Divide et impera."

The second prize was awarded to B. M. Howard, of New York (winner of the first prize last year), for his essay on "The direct method of artificial respiration for the treatment of persons apparently dead from suffocation by drowning, or from other causes." Motto, "Festina lanta."

The report was adopted, and the Committee requested to hold all essays at the disposition of the authors.

RESOLUTIONS ADOPTED.

Dr. Davis then presented a lengthy report from the Committee on Correspondence with State Medical Societies, and submitted the following resolutions, which were adopted:

Resolved, That each State and Local Medical Society be requested to provide, as a permanent part of its organization, a Board of Census for determining the educational qualifications of such young men as propose to commence the study of medicine, and that no member of such societies be permitted to receive a student into his office until such student presents a certificate of proper preliminary education from the Census Committee appointed for that purpose, or a degree from some literary college of known good standing.

Resolved, That a more complete organization of the profession in each State is greatly needed for the purpose of affording a more efficient basis, both for educational and scientific purposes.

Resolved, That a Committee of three be appointed for the purpose of continuing the correspondence with the State Medical Societies, and of asking their earnest attention to the foregoing resolutions, in addition to those submitted for their action in 1869.

Dr. Moore, of St. Louis, offered a resolution that all Medical Colleges charge \$100 as the fee for a course of lectures, and that a forfeiture of this rule shall subject such college to no representation in the Convention. After a protracted discussion, the resolution was voted down, on the ground that quality of education does not depend on price.

A recess of ten minutes was taken, to enable members from the different States to agree on a member to serve on the Committee on Nominations.

The Convention then adjourned.

THIRD DAY.

The third session of this National Association was held at Pacific Hall. Vice-President Gibbons, in the absence of the President, called the meeting to order.

THE VISIT TO OAKLAND.

Professor Carr, of Oakland, was introduced, and stated that the invitation to visit Oakland was extended by the Mayor, profession, and citizens of that city. The party would be taken from the Oakland wharf over the bay, where conveyances would be in waiting for them to show them around Oakland, and to partake of a collation of Californian products.

On motion of Dr. E. A. Ames, the invitation was accepted, and the Association decided to meet next day at 9 A.M., and adjourn at 11 A.M., to take the 11.10 boat for Oakland.

An expression being desired as to the number that would attend the trip, a vote was taken, and all present voted in the affirmative, and 25 per cent to be added for the ladies. The party will consist of about 200.

ADDITIONAL DELEGATES.

Dr. Stout stated that through inadvertence the following names had been omitted from the roll of delegates: Dr. Ariel B. Hovey, of Ohio; Alexander Fisher, of Chicago; G. George Tyrell, of Sacramento, and Dr. John Fiske, of Amador.

REPORTS.

A report was read from the Committee on Publication, giving an account of the labors performed by them last year.

The Treasurer presented his annual report, showing the receipts to have been \$3,802 88; disbursements, \$3,098 56; balance on hand, \$704 32.

The annual report of the Librarian was next read, stating that the books of the Association were being well preserved at the Smithsonian Institute. At the last year's report the Library numbered 329 volumes, to which had been added during the year medical journals. The grand idea of the Association is to establish and form an American Medical Repository, where the whole medical literature of this country and continent might be preserved and owned by the representative Association of the profession of the new world.

The idea has as yet failed to be realized, but many are now

manifesting an interest in it, and an appeal is made to American authors to furnish copies of their works to this Association. The reports were referred to the Committee on Publication.

INSANE ASYLUMS.

Dr. Kirwan, of Pennsylvania, presented a report from the Association of Superintendents of Insane Asylums, which was organized in 1844, which was to the effect that the Association could accomplish more good by having a distinct Association, at which all matters relative to the care and treatment of the insane could be fully discussed better than if referred to a section of this Association.

Dr. Storer offered the following resolution, which was adopted:

Resolved, That the Association of Superintendents of Institutions for the Treatment of the Insane and the American Medical Association should be more closely united, and that the meetings of the two Associations should be held about the same time and at the same place.

Dr. Y. C. Atlee, delegate from this Association to the Association of Superintendents of Insane Asylums, presented a report of his labors.

NATIONAL MEDICAL SCHOOL.

Dr. Johnson, of Missouri, presented a report from a Special Committee, suggesting a plan for the elevation of medical attainments and establishment of a National Academy of Medicine. Referred to Committee on Education.

NAVAL EDUCATION.

Dr. Yandell presented a report from the Special Committee, to examine Dr. Pinckney's report on the British system of naval medical education. Referred to Committee on Education.

SURGERY.

Dr. E. T. Barber, of Yreka, submitted a paper on the fracture of the neck of *fermur*, in a child seven years old. Referred to Committee on Surgery.

BOTANY OF CALIFORNIA.

Dr. Yandell, Chairman of the section on *Materia Medica* and Chemistry, reported that the only paper they had received was from Dr. W. P. Gibbons, of Alameda, on the Medical Botany of California, together with 180 specimens of indigenous. They considered it one of the most important ever presented to the Association, and moved its reference to the Committee on Publication. Dr. Gibbons moved to refer it back to the author, to be completed and presented next year. Carried.

THE CANADIAN ASSOCIATION.

Dr. Storer, delegate to the Canadian Medical Association,

reported that he attended the sessions of that body at Ottawa, and was well received. He stated that most of the members were graduates of British Colleges, and their education was far above the average of the profession in this country. They extended an invitation to the Association to send delegates to its meetings.

The Committee on Ethics presented a report, which was received and accepted. They made no report in the case of Dr. Thomas, representative from a female college in Philadelphia, as the matter would come up under a proposed amendment to the Constitution.

FEMALE COLLEGES.

Under the head of unfinished business the following amendment to the Constitution, proposed at the last annual session by Dr. Henry Harthshorne, of Pennsylvania, was called up:

"Nothing in this Constitution shall be so construed as to prevent delegates from colleges in which women are taught and graduated in medicine, and hospitals in which medical women, graduates in medicine attend, from being received as members of this Association."

This drew forth an animated discussion *pro* and *con*, and a motion to indefinitely postpone the subject matter prevailed, by a vote of 80 ayes to 25 noes.

ELECTION OF OFFICERS.

Pending the discussion on the Woman question, the Committee on Nominations came and presented the following names as officers for the ensuing year: President, D. W. Yandell, of Kentucky; First Vice-President, T. M. Logan, of California; Second Vice-President, C. L. Ives, of Connecticut; Third Vice-President, R. M. Michel, of Alabama; Fourth Vice-President, J. K. Bartlett, of Wisconsin; Permanent Secretary, W. B. Atkinson, of Pennsylvania, who is elected for life; Assistant-Secretary, D. Murray Cheston, of Pennsylvania; Librarian, F. A. Ashford, District of Columbia; Treasurer, Casper Wistar, of Philadelphia.

On motion of Dr. Davis, the report was received, and the gentlemen named unanimously elected.

The Convention then adjourned to Toland Medical College, being conveyed thither in cars.

The guests were cordially received at the College by the Faculty. They were then shown through the institution, which was highly complimented as being one of the most complete and best arranged in the country. A sumptuous collation was spread and partaken of with gusto. Toasts were pro-

posed and responded to, and after spending two hours agreeably, the guests returned to their hotels well pleased.

FOURTH DAY.

The Association met, pursuant to adjournment, at 9 A.M., President Stillé in the Chair. The minutes of the previous meeting were read and approved.

THANKS FROM CALIFORNIA.

The following was read, and ordered spread on the minutes:

OFFICE OF CALIFORNIA STATE MEDICAL SOCIETY,
SAN FRANCISCO, *May 5th, 1871.*

To the Members of the American Medical Association:

GENTLEMEN,—Allow me, in the name of the Medical Men of the Pacific Coast, to tender our thanks to the Association for the honor conferred upon us by the assembling of members of this Association in the city of San Francisco, whereby so many of our brethren, who for years have been isolated from the Association of their more favored Eastern brethren, have had an opportunity of attending the deliberations of this honored and national body.

GEORGE HUESTON,
Corresponding Sec. of the State Medical Asso.

CHAIRS OF HYGIENE TO BE ESTABLISHED.

Dr. T. M. Logan, of Sacramento, offered the following resolutions, which were adopted:

Whereas, The science of Hygiene and its corollary preventive, a State medicine, are subjects eminently congenial with the purposes of this Association, inasmuch as they have for their objects the preservation of human life, and the removal of those causes of disease and death which it is in the power of legislation to ameliorate, if not eradicate; and, whereas, the great fundamental idea that was made the prominent element for medical association, and that led eventually to our national organization, was a higher standard of medical education; and, whereas, the present system adopted by our Colleges provides more and more satisfactorily for the thorough qualification of the graduate, as regards the principles and practice of his art, but does not provide at all adequately for the special study and cultivation of questions of State medicine; therefore be it

Resolved, That this Association recommends a distinct and separate chair of hygiene, independent of physiology, to be established in all our medical schools, and constituted a requi-

site curriculum preliminary to that diploma which confers one of the highest honors of the profession.

Resolved, That the inauguration of the enlarged philanthropic policy of State medicine in Massachusetts and California is worthy of our special approbation, and commends itself to other States for imitation; and, therefore, the President of this Association is hereby authorized to nominate at this session, a Committee, consisting of one physician from each State in the Union, to memorialize the Legislatures of all the other States to follow the example of one of the oldest, most enlightened, and conservative, as well as one of the youngest, most progressive, and enterprising members of our glorious confederacy, who have led off in the right way, and at the right time, for the prevention of disease and the correction of "those multitudinous agencies, whether physical, whether moral, whether born of earth, of air, or of society, which are either openly or insidiously degenerating the human race."

Resolved, That this Association further recommends that initiative steps be taken, as soon as six States shall engraft State Medicine upon their statute books, for the formation of a "National Health Council," whose objects shall be the prosecution of the comparative study of international hygienic statistics, and the diffusion and utilizing of sanitary knowledge; and that said Council shall be aided and assisted by this Association in using whatever influence may legitimately lay in their power, with foreign States, as well as with the medical profession, and the people generally, in securing co-operation in the ends and objects of public hygiene.

Resolved, That said National Health Council, although thus organized as a branch *per se*, shall be auxiliary to this Association, and shall constitute a special section to hygiene, to which all questions, germane to this department of medicine, shall be referred. "Only," to use the language of the great Virchow, "by thus working harmoniously together, by thus mutually enlightening each other, will the State gain an organ to which may be safely intrusted the solution of the great question of our time, viz.: bodily and mental health, and development of future generations.

OFFICERS FOR THE SECTIONS.

Chemistry and *Materia Medica*—Prof. R. E. Rogers, Philadelphia, President; E. Cutter, Mass., Secretary.

Practical Medicine and Obstetrics—D. A. O'Donnel, Baltimore, President; B. F. Dawson, N.Y., Secretary.

Surgery—John T. Hodgen, Missouri, President; W. F. Peck, Davenport, Iowa, Secretary.

Meteorology and Epidemic Diseases—George Sutton, Ind., President; Elisha Harris, N.Y., Secretary.

Medical Jurisprudence—S. C. Busey, Washington, President; E. L. Howard, Baltimore, Secretary.

Physiology—J. C. Dalton, N.Y., President; D. Payton, Oregon, Secretary.

Psychology—Isaac Ray, Philadelphia, President; John W. Kirwin, Pennsylvania, Secretary.

Library Committee at Washington—Dr. J. M. Toner.

COMMITTEES FOR THE ENSUING YEAR.

The Committee on Nominations presented a report of Committees for the ensuing year, which, on motion, was adopted:

Committee on Publication—Dr. F. G. Smith, of Pa., Chairman; W. B. Atkinson, Pa.; D. Murray Cheston, Pa.; F. A. Ashford, D.C.; Caspar Wistar, Pa.; H. F. Askew, Delaware; I. Aitken Meigs, Pa.

Committee on Prize Essays—Dr. A. Stillé, Chairman, Phila.; F. G. Smith, Phila.; D. A. O'Donnell, Balt.; B. F. Dawson, N.Y.; L. P. Bush, Dela.

Committee on Medical Education—J. S. Wetherly, Alabama, Chairman; L. Cooper Lane, S.F.; J. M. Toner, Washington; Samuel Wiley, Minn.; W. O. Baldwin, Alabama.

Committee on Medical Literature—T. Parvin, Ind., Chairman; ——— Carpenter, Oregon; J. P. Whitney, S. F.; G. Mendenhall, Cincinnati; L. P. Garvin, R.I.

Committee on American Medical Necrology—Chairman, John D. Jackson, Ky.; Chas. W. Parsons, R.I.; E. A. Hildreth, West Va.; Wm. Lee, Washington, D.C.; T. M. Logan, Cal.; W. C. Warrender, Oregon; H. D. Holton, Vt.; W. J. Scott, Ohio; W. D. Buck, N.H.; A. Sagar, Michigan; V. Karsey, Ind.; A. E. Ames, Minn.; H. K. Steele, Col.; ——— Mason, Wis.; S. D. Gross, Phila.; D. W. Stormont, Kansas; J. B. Johnson, Mo.; H. R. Storer, Mass.; H. W. Rushenburger, U.S. Navy; I. W. H. Baker, Iowa; J. O. Hamilton, Ill.; ——— Peabody, Neb.; L. P. Bush, Del.; G. W. Russell, Conn.; Paul C. Chew, Md.

Committee of Arrangements—Dr. E. Hartshorne, Chairman; Drs. S. W. Gross, Murray Cheston, J. F. Maury, James Tyson, S. W. Mitchell, John H. Packard, William Pepper, Richard Townsend.

On the Climatology and Epidemics of—Maine, Dr. Wood, Portland; New Hampshire, A. B. Crosby; Massachusetts, E. Cutter; Rhode Island, Edward T. Caswell; Connecticut, I. C. Jackson; New York, W. F. Thomas; New Jersey, E. M. Hunt;

Pennsylvania, W. S. Wells; Maryland, C. H. Ohr; Georgia, A. I. Senimes; Missouri, W. S. Edgar; Alabama, R. T. Mitchell; Texas, S. M. Welch; Illinois, D. Prince; Indiana, D. Clark; District of Columbia, J. W. H. Lovejoy; Iowa, I. Williamson; Michigan, Douglas; Ohio, J. A. Murphy; California, F. W. Hatch; Tennessee, B. K. Bowling; W. Virginia, E. A. Hildreth; Minnesota, Charles N. Hewitt; Virginia, Wortham; Delaware, L. P. Bush; Arkansas, Sinks; Mississippi, J. P. Moore; Louisiana, S. M. Bemiss; Wisconsin, J. K. Bartlett; Kentucky, L. P. Yandell, Sr.; Oregon, E. R. Fisk; North Carolina, F. J. Haywood; Colorado, R. G. Buckingham; South Carolina, M. Simmons.

Special Committees—Dr. A. L. McArthur, Chicago, Illinois. On the nature and process of the restoration of Bone.

George Sutton, Indiana. Comparative Pathology and the effects which diseases of inferior animals have upon the human system.

Dr. Antisell, Chairman of the Committee on the cultivation of the Cinchona Tree.

Vaccination—Chairman, Dr. T. M. Wise, Kentucky.

Anatomy and Disease of the Retina—R. F. Michell, Alabama.

Some Diseases peculiar to Colorado—John Elsner, Denver, Colorado.

Skin Transplantation—J. Ford Thompson, Washington, D.C.

SECTIONS.

The Secretary presented the report of the Section on Practice of Medicine and Obstetrics, submitting papers on Criminal Abortion, by Dr. D. A. O'Donnell, of Maryland, and on the Social Evil, by Dr. Stout, of San Francisco. Referred to the Committee on Publication.

Dr. O'Donnell read a series of resolutions condemning in the strongest terms abortionists, and resolving to hold no intercourse with them. The resolutions were adopted.

THE NAVAL CORPS.

Surgeon J. M. Browne, U.S.N., on behalf of the medical corps of the Navy, returned the gratitude of the corps to the Association for the aid extended to them in the contest between the line and staff, which, by a recent Act of Congress, defines their position and rights, with equality of rank and to the dignity of the profession. Though it was not all they had desired, yet still it was a fair compromise, and the situation ought to be accepted by all parties. He then read some resolutions adopted by the representatives of the Navy, expressing

their thanks for the sympathy extended to them in the protracted struggle, and inviting young men to enter the Navy. The resolutions were referred to the Committee on Publication.

ETHICS.

Dr. Montgomery offered a resolution that a Chair of Ethics be established in all Medical Schools of the country. It was subsequently withdrawn.

PHYSICIANS IN THE UNITED STATES.

Dr. M'Arthur moved that Dr. Toner be requested to furnish to the Association an abstract of the statistics prepared by him with care and labor. It was a list embracing the names of 60,000 physicians in this country, the number that paid revenue licenses, and 3000 of which were homeopaths. Referred to the Committee on Publication.

MEMORIAL FUND.

Dr. Storer moved that the Association take some action to raise funds towards the Memorial Fund inaugurated by the physicians of Europe in honor of the late Sir James Y. Simpson, of Edinburgh. Adopted.

REPRESENTATIVES OF FEMALE COLLEGES.

Dr. Atlee, of Philadelphia, offered the following resolution:

Resolved, That the American Medical Association acknowledges the right of its members to meet in consultation the graduates and Teachers of Women's Medical Colleges, provided the code of ethics of the Association is observed.

An animated discussion ensued on this proposition, but the hour for adjournment to Oakland (11 A.M.) having arrived, the Convention, on motion, adjourned until evening.

EVENING SESSION.

The Association reassembled at 8 P.M.

In the absence of the Secretary, Dr. J. C. Tucker acted as Secretary *pro tem*.

The Chairman stated the first business in order, was the resolution offered by Dr. Atlee prior to the adjournment of the morning session, and then read the resolution.

This was followed by a very hot debate; and the matter finally disposed of by being indefinitely postponed.

THANKS RETURNED.

Resolutions were offered and adopted returning thanks to the various railroad lines, and to all individuals and associations who had extended courtesies to the members of the Association; also, to the President and Secretary for the faithful discharge of their duties.

MORE INVITATIONS.

Invitations extended by Dr. Shurtliff, Superintendent of the Insane Asylum at Stockton, for the Association to visit that institution; and also from the Mercantile Library Association, extending the freedom of the rooms, etc., to members during their stay in this city.

ADJOURNMENT.

Dr. Davis, in a few appropriate remarks, spoke of the pleasant reunion they had during the sessions, the good feeling existing, of the hospitalities they had received, and then moved to adjourn *sine die*, which was, on being put to vote, carried.

Book Notices.

Chemistry General, Medical, and Pharmaceutical, including The Chemistry of the U. S. Pharmacopœia. A Manual on the General Principles of the Science, and their Application to Medicine and Pharmacy. By John Attfield, Ph. D., F.C.S. From the second and enlarged English edition. Published by Henry C. Lea, Philadelphia. For sale by Cobb Bro., 81 and 83 Lake St., Chicago.

This is a small work of 500 pages, intended especially to meet the wants of medical and pharmaceutical students and practitioners. It differs from other text-books, first, in the exclusion of matter relating to compounds, which at present are of interest principally to the scientific chemist; secondly, in containing the chemistry of every substance recognized officially, or in general practice, as a remedial agent; and thirdly, in the paragraphs being so cast that the volume may be used as a guide in studying the science experimentally. A comprehensive index, containing five thousand references, renders the work a valuable one for consultation in the course of business or professional practice. The chemical notation of the work is in accordance with modern theories. The metric system of weights and measures is alone used in the sections on quantitative analysis.

Report of the Board of Health of the city of Chicago, for 1867, 1868, and 1869, and a Sanitary History of Chicago, from 1833 to 1870. Chicago: Lakeside Publishing and Printing Company.

We acknowledge the receipt of a handsomely bound copy of this valuable Report.

PAMPHLETS RECEIVED.

Observations on the Physiological and Therapeutical Effects of Galvanization of the Sympathetic. By A. D. Rockwell, A.M., M.D., and Geo. M. Beard, A.M., M.D. New York Printing Co., 81-83 Centre Street.

Uterine Catarrh, frequently the cause of Sterility New Treatment by H. E. Gantillon, M.D. J. Campbell, publisher, 18 Tremont Street, Boston.

PREPARING FOR THE PRESS.

Medical and Surgical Memoirs. By Joseph Jones, M.D., Professor of Chemistry, Medical Department, University of Louisiana.

This work will embrace the investigations of fifteen years into the Causes, Geographical Distribution, Natural History and Treatment of Intermittent, Remittent and Congestive Malarial Fevers, Yellow Fever, Typhoid and Typhus Fevers, Small-Pox, Spurious Vaccination, Measles, Pneumonia, Diarrhœa, Dysentery, Scurvy, Tetanus, Cerebro-Spinal-Meningitis, Diseases supervening upon Gun-Shot Wounds, Pyæmia, Hospital Gangrene, Erysipelas, etc.

The results of the investigation of the Diseases of the Confederate Army, during the American Civil War, 1861-1865, will occupy a prominent portion of the Work.

These investigations have been prosecuted unremittingly during the past 15 years; and the author proposes to lay the results before the Medical Profession, as soon as a sufficient number of subscribers have been obtained.

Physicians and others desiring to become subscribers, will please forward their names to

Joseph Jones, M.D., Glass Box 1542, New Orleans, La.

Editorial.

CORRESPONDENCE OF THE SENIOR EDITOR.

On Monday morning, April 24th, 1871, at 10.45, we took seats in one of Mr. Pullman's elegant palace sleeping cars, surrounded by as pleasant a company of gentlemen and ladies as ever traveled together, and started across the Continent for the City of the Golden Gate. During all that day and night we were passing over the rich and familiar prairie country of Northern Illinois and Iowa, through which the Fulton and Omaha branch of the North-Western Railroad passes, and reached Omaha about 9 o'clock A.M. of the second day. There we renewed our accommodations, and were soon again moving majestically onward towards the great mountain chain that divides the waters of the Mississippi from those that flow into the Pacific Ocean. During the remainder of that day and night, and all the following day, our course was onward and upward; but the ascent was so gradual, and the mountain slopes spread out on so grand a scale, that we could hardly realize either the distance or the degree of elevation. During the forepart of the third day we were passing over those almost boundless plains, inhabited by buffaloes, antelopes, wolves, and prairie dogs. Of the antelope and prairie dogs we saw plenty, and imagined that we saw a small herd of buffaloes at a distance. In the afternoon, while rapidly approaching the highest points on the road, we first found the ground partially covered with snow, and were soon after enveloped in a driving snowstorm—not lasting long, however, and making no barrier to our progress. After passing the highest point of the whole route, being little more than 8000 feet (at Shermon), and reaching the plain dividing the waters flowing eastward into the

Platte from those flowing southward through the Green River into the Colorado, night again obscured our vision, caused our seats to be converted into beds, and we gladly exchanged the wonders of Nature and the brilliant conversazione of our party for sweet sleep and the fairy-land of dreams. At early dawn, taking our station on the platform—while most of our companions were still in their berths—we found the train just crossing the dividing ridge between the Green River basin and the head waters of the Bear River, which empties into Salt Lake. This Green River and Bitter Creek plain or basin is the first (as we go westward) of a series of vast and elevated plains, having all the appearance of having been once great inland seas. It is bounded on the east by the Rocky Mountain chain proper, and on the west by the Wasachts, while both north and south the eye constantly rests on mountain peaks, many of which are covered with snow. It is mostly barren, and its waters so bitter and alkaline, that they are not only unfit for man or beast, but they cannot be used to supply the engines running on the road. Yet its geological features are interesting, and it contains a valuable stratum of coal, which is already being worked, to supply the fuel for use along the railroad. Crossing the Bear River, we were quickly engaged in the rugged and snow-capped Wasacht range of mountains, and after many curves, striking the head waters of Webber River, we followed its clear but turbulent waters through one of the grandest mountain gorges to be found on the entire route. It is here that we pass through the celebrated Echo Canyon and Devil's Gap, and enjoy every variety of mountain scenery, from the terrific gorge with its overhanging cliffs; the grand mountain with its towering and barren rocks; to the green and gentle slope decked with flowers. As we emerge from the gap in the Wasacht, near the mouth of Webber River, Salt Lake, with its promontory island and surrounding valley, comes suddenly before us, and we are at Ogdèn, where a good supper and a change from the Union to the Central Pacific Railroad awaits us. These things attended to, and a temporary good-bye to a part of our company who stopped over

a day to visit the Salt Lake City, and we were again in motion—not on the sudden curves and rapid grades of the mountain, but across the northern border of Salt Lake Valley, with the placid lake on the one side, and the rugged, snow-capped Wasacht on the other.

We soon reached the new and rapidly-growing town of Corinne, near the mouth of Bear River, where we saw a small steamboat in process of building to run on Salt Lake. Soon after passing this place night spread his curtain over us, and our company of living freight had their seats converted into beds, and we slept soundly while rolling over the rest of this second great basin or valley. At the first dawn of the morning we had passed the ridges which constitute its western boundary, and were passing smoothly over the first part of the Humboldt Valley, better known as the Great Desert. This is an immense elevated plain, with the naked Humboldt Mountains for its circumference; a river of the same name in its centre, clothed with no vegetation but a little stunted sage brush and a few bunches of bunch grass just on the margin of the river, and a few squalid Indians for its inhabitants. And yet here we go at ordinary railroad speed for thirty-six hours, over a surface more level than the prairies of Illinois. At only one point is the monotony relieved by the mountains on either side approximating until there is only space for the river and the railroad track to pass between the lofty and perpendicular columns of rock, properly called the palisades. Yet over all this desert, and, indeed, over all the route, the stations are well supplied, and the regular eating places furnish as good meals as are to be had anywhere between Chicago and New York. The principal streams flowing into this valley are the Humboldt, the Carson, and the Truckee rivers, all of which end in lakes, that, like the Salt Lake, have no visible outlet, the water doubtless disappearing mostly by evaporation. The whole region is strongly alkaline, and the waters of the Humboldt and Carson rivers are so bitter as to render the fish and fowls that inhabit them unfit for food. The Truckee has its origin in the Eastern slope of the Sierra Nevada range of mountains, and coming into the western

border of the great desert, empties into Pyramid Lake. As the morning dawned on us, after we had entered the eastern part of the Humboldt valley, so night overtook us before we reached its western terminus, and the following morning found us ascending the first or eastern range of the Sierra Nevada, through the narrow and tortuous gorge made by the Truckee. In every direction the mountains rise abrupt, rugged, rocky, and sparsely covered with the red wood and pine, while the turbulent water of the Truckee was foaming and dashing along the rocky passage below. A rapid up grade, so tortuous as to turn the engine towards all points of the compass within an hour, soon brought us into the long snow-shed (more than 30 miles in length) that shelters the track at the summit of the Sierras. There everything was covered with snow from one to two feet deep. After a brief halt we emerged from the snow-shed, and for a time were winding among the mountain summits, looking out upon some of the grandest scenery that the imagination can conceive. So rapid was our descending grade that at breakfast, between eight and nine o'clock in the morning, we had not only left the region of snow, but were surrounded with green fields, opening flowers, and singing birds. After breakfast we resumed our course down the mountains on a grade that falls 3000 feet in a distance of less than 100 miles. About noon we arrived at Sacramento, and after following the river of that name a while we left it, and winding our way through the coast range of hills, arrived at Oakland, on the eastern shore of San Francisco Bay, with the city full in view. A good ferry-boat soon transferred us across the bay, and we found ourselves comfortably quartered at the Grand Hotel, having travelled without breaking connections or halting, except for supplies, from 10.45 on Monday morning until six o'clock on Saturday evening in completing the trip from Chicago to San Francisco.

The topography, geology, and climatology of the route afford topics of great interest, not to the scientific only, but to the physician and sanitarian. A discussion of these, including the topography and climate of San Francisco and its vicinity, must be deferred until another number of the EXAMINER. As I send

you full accounts of the proceedings, both of the Association of Medical Editors and of the American Association, it will be unnecessary to make more than a brief allusion to them in this letter. The anniversary meeting of the former was held on Monday, and although but few of those connected with the medical press were present, yet the meeting was an interesting and profitable one. The officers elected for the ensuing year were: B. F. Dawson, M.D., of New York, President; Henry Gibbons, jun., M.D., of San Francisco, Vice-President; and F. H. Davis, M.D., of Chicago, Secretary. The address of the retiring president, Dr. H. R. Storer, was delivered in the evening, and listened to by a good audience. The American Medical Association held its meetings in Pacific Hall. It commenced its session at 11 o'clock A.M. Tuesday, and did not finish its work until Friday evening. The President, Dr. Alfred Stillé, of Philadelphia, presided with ability, and all business was transacted in good order, and with good feeling. We think the number present was about three hundred, embracing representatives from as large a number of States as in most of the previous meetings. The number of reports from special committees, and scientific papers was less than usual; still the sections on climatology and epidemics, surgery and anatomy, practical medicine and obstetrics, and materia medica and chemistry, all had work to do, and the resulting volume of transactions will be sufficiently voluminous. Among the miscellaneous topics of most prominence that engaged the attention of the general meetings of the Association, were the mode of admitting members into the profession, the regulation of medical college fees, and the recognition of female practitioners and institutions for their education. On the first of these topics a report was made by the committee previously appointed to correspond with State medical societies, which was adopted by the Association, and the committee continued; also a paper from Dr. Moses, of St. Louis, which was referred to the committee on medical education. The policy of attempting to regulate the fees of medical colleges, and of admitting to representation in the Association the institutions exclusively for

the education of females, was discussed with more fulness, freedom, and courtesy than at any previous meeting. These topics have been persistently urged upon the attention of the Association by a few of its members, for the last three or four years. After a fair consideration, the Association decided by a very large majority to leave the subject of college fees with the colleges themselves, wisely considering it far more important to determine how much medical knowledge the student acquires than how much he pays for it.

The question of recognizing females and female institutions turned mostly on the broad ground of whether it is proper or best to directly encourage females to enter upon the study and practice of medicine. After a full discussion the whole subject was negatived by an indefinite postponement. The question was taken by yeas and nays, delegates only voting, and resulted in 80 to 25.

The social entertainments during the week were admirably arranged. Small companies were taken out to the Cliff for breakfast every morning, a most interesting place on the Pacific, affording a view of the ocean, the rocks, seals, etc., with a beautiful drive. On Friday afternoon there was a most pleasant excursion and entertainment by the hospitality of the profession and citizens of Oakland, a rich and beautiful town on the east side of the bay. The whole of Saturday was occupied with a most delightful excursion in a steamer around the bay, passing the Golden Gate, stopping at Mara Island long enough to visit the navy yard, the Marine Hospital, the beautiful flowers, &c., and returning to the city at six in the evening. It was most admirably conducted on behalf of the profession of San Francisco, and was greatly enjoyed by a large company of gentlemen and ladies. But I must close this rambling letter, with the conviction that the meeting in San Francisco has been as successful and pleasant in every respect as the most sanguine could have anticipated.

ILLINOIS STATE MEDICAL SOCIETY.—The recent meeting of our State Medical Society, at Peoria, was the largest we have

ever attended. The profession and citizens of Peoria received and entertained the Society in the most hospitable and liberal manner. A full account of the proceedings will be given in our next number.

IOWA STATE MEDICAL SOCIETY.—The Nineteenth Annual Meeting of the Iowa State Medical Society was held in Des Moines, Iowa, April 19th and 20th, 1871. The number in attendance was unusually large, and all the proceedings were characterized by harmony and the best of feelings. Several valuable papers were read, and verbal reports of special cases, with discussions thereon, contributed to the general interest and improvement. Dr. S. B. Thrall, of Ottumwa, occupied the chair as president *pro tem.*, with Dr. Geo. P. Hanawalt, of Des Moines, as secretary.

The following persons were selected as officers for the ensuing year: President, Dr. A. G. FIELD, Des Moines; Vice-President, Dr. J. M. ROBERTSON, Muscatine; Secretary, Dr. GEO. P. HANAWALT; Corresponding Secretary, Dr. J. F. ELY, Cedar Rapids.

MONEY RECEIPTS FROM APRIL 29TH TO MAY 22ND, 1871.—Drs. Peck and Moore, 3.00; Dr. J. B. Newman, 3.00; Dr. W. W. Walton, 6.00; Dr. L. T. Hewins, 3.00; Dr. J. W. Filkins, 3.00; Dr. R. D. Bradley, 3.00; Dr. J. P. Mathews, 3.00; Dr. W. S. Fox, 3.00; Dr. Spickler, 7.25; Dr. Reynolds, 2.75; Dr. C. J. Miller, 3.00; Dr. D. Scott, 5.00; Dr. J. Quirck, 3.00; Dr. J. M. Smith, 2.00; Dr. Daniel Lichty, 3.50; Dr. Wardner, 12.00; Dr. P. P. Gordon, 3.00; Dr. J. W. Barlow, 3.00; Dr. S. P. Breed, 3.00; Dr. W. H. Baxter, 6.00; Dr. T. D. Washburn, 3.00; Dr. Geo. W. Wright, 3.00; Dr. R. E. McVey, 3.00; Dr. J. F. Hamilton, 5.00; Dr. D. Thompson, 3.00; Dr. L. Ware, 3.00; Dr. Wm. Monroe, 10.00; Dr. Dexter, 3.00; Dr. N. W. Abbott, 6.00; Dr. J. M. Baird, 3.00; Dr. L. Tibbets, 3.00; Dr. J. Brewster, 3.00; Dr. G. A. Baunel, 9.00.

CARBOLIC ACID IN PRURITUS CUTANEUS.—Professor Binz recently called attention to the value of the internal use of carbolic acid in prurigo and pruritus. He gives it in the form of pills, made up with extract of licorice, containing at first one and a-half grains of the acid, but increasing the dose to fifteen grains per diem. In the latter quantities it sometimes produces gastric disturbances, but which quickly subside when the medicine is given up.—*American Practitioner.*

HICCOUGH CURED BY CHLORAL.—Dr. P. F. Whitehead has recently prescribed for a patient with hiccough, which had continued for thirty-six hours. Various remedies were used with but little good effect, save a temporary cessation by the use of morphine hypodermically. Thirty grains of chloral gave immediate and permanent relief.—*Medical Record*.

DECLINE OF VACCINATION IN GREAT BRITAIN.—Nearly all the British medical journals contain some allusion to the increase of small-pox, which is generally attributed to the decline of vaccination, in consequence of the senseless and fatal prejudice against protection brought about by the anti-vaccination agitators.—*Medical Record*.

TETANUS AND CHLORAL HYDRATE.—Dr. George Thompson reports, in the *Richmond and Louisville Medical Journal*, a case of supposed idiopathic tetanus cured by chloral. The dose was 30 grains, repeated several times a day. The cure was effected in four or five days.

DURATION OF LIFE.—Mr. Nelson, an English actuary, shows that a temperate person's chance of living is, at 20—44.2 years; at 30—36.5 years; at 40—28.8 years. An intemperate person's chance of living is, at 20—15.6 years; at 30—13.8 years; and at 40—11.6 years.

DEATHS FROM ALCOHOL IN CITIES.—Dr. Elisha Harris, of N.Y., states it as his belief, that the annual number of deaths from alcohol in cities is in the proportion of 100 to every 100,000 inhabitants. Of the deaths from disease of the brain, liver, and kidneys, in New York City, in 1869 (1369), twenty per cent., or 273 of these cases, were believed to be the immediate results of alcoholism.—*Proceedings of American Association for Cure of Inebriates*.

INSANITY.—Dr. Willard Parker, of N.Y., states that eighty per cent. of the cases of acute insanity treated are restored to health and usefulness.

INTRA-UTERINE INJECTIONS are the subject of much discussion and diversity of sentiment in the profession at the present time. In New York, it is stated that a majority condemn them, thinking they have frequently caused death.—*Pacific Medical Journal*.

WET BANDAGES IN FRACTURES.—Guersant (*Medical News and Library*) for all forms of infantile fracture, habitually wets all bandages at the moment of their application, with a resolvent liquid, such as lead-water or camphorated brandy diluted with water, provided the fracture is not complicated with wounds.—*Medical Record*.

THE ANTERIOR SPLINT.—The London Correspondent of the *Baltimore Medical Journal* writes that Smith's anterior splint has been quite extensively introduced in practice in the military hospitals in France since the commencement of the late war by Drs. Tilghman and May, of Baltimore, who were connected with the Anglo-American Ambulance Corps, and have been in constant service since the battle of Sedan. It has been most favorably received, and these surgeons have furnished a number to the Prussian surgeons.

THE CARBOLIC ACID TREATMENT IN THE LONDON HOSPITALS. In these hospitals the carbolic acid treatment, more or less modified, is employed after surgical operations. Mr. Erichsen, of the University College Hospital, washes out the stumps with carbolized water, and applies a very simple dressing of lint wet with it. In a Chopart's operation recently at St. Bartholomew's Hospital, Mr. Paget closed the stump after his operation, accurately, with dressings soaked in a solution of carbolic acid in oil, and said, if all did well, he should allow it to remain so for a week.—*Correspondent Balt. Med. Journal*.

IODOFORM OINTMENT.—In the Boston City Hospital, iodoform ointment in connection with iodide of potassium, is extensively and successfully used in the treatment of syphilitic ulcers and rupia. Dr. William Ingalls, attending surgeon, advocates this formula in two obstinate cases under his care:

Ry.	Iodoformi -----	3ss.	
	Spts. vini. rect. -----	q.s.	
	Adipis suillæ -----	3vijss.	M.

—*Boston Med. and Surg. Journal*.

AMERICAN DOCTORS.—According to the present census there are seventy-four thousand doctors in this country.

CASES OF POISONING FROM CHLORAL are reported in a great number of the medical journals, both in Europe and America. In most of the cases it has been used without medical advice.—*Pacific Medical Journal*.

MORTALITY FOR THE MONTH OF APRIL, 1871.

Accidents, burns, clothes	Diarrhœa -----	2	Liver, abscess of ----	1
taking fire ---	" chronic -----	2	" congestion of ---	1
" brain concussion	2 Diphtheria -----	7	" enlargement of --	1
" chloroform surgical operation -	1 Dropsy general -----	1	" and stomach, con-	
" crushed by bridge	1 " of abdomen -----	1	gestion of ----	1
" city railroad cars	1 " of chest -----	2	Lungs, congestion of --	5
" drowned -----	3 Drowned -----	2	" hemorrhage of --	4
" fall -----	4 Dysentery -----	3	Manslaughter -----	1
" fracture of skull	1 Embolia from cardiac		Mortification of leg ---	1
" poison -----	1 inflammation -----	1	Measles -----	14
" run over by team	1 Enteritis -----	7	" and complications	10
" steam railroad cars	2 Erysipelas -----	1	Metropéritonitis -----	1
" suffocation -----	3 Fever congestive ----	1	Meningitis -----	5
Apoplexy -----	2 " puerperal, -----	3	" cerebro-spinal --	2
Asthma -----	5 " remittent -----	1	" tubercular -----	2
Atelectasis pulmonium	1 " scarlet -----	3	Old age -----	9
Bowels, anasarca of --	1 " " & complicat's	3	Ostitis of tibia -----	1
" congestion of --	1 " " malignant --	1	Edema pulmonum -----	1
Brain, compression of-	1 " typhoid -----	9	Pericarditis -----	1
" congestion of ---	7 Gastromalaxia -----	1	Peritonitis -----	2
" concussion and	7 Gastritis -----	4	Pneumonia -----	42
" meningitis -----	1 Gastro-enteritis -----	2	" broncho -----	2
" inflammation of-	7 Hæmatemesis -----	1	" and complications	2
Bronchitis -----	1 Hæmorrhagic purpura-	1	" typhoid -----	3
" capillary -----	4 Heart disease -----	3	Scrofula -----	3
Cachexia malaria -----	5 " paralysis of -----	2	Small-pox -----	1
Cancer of breast -----	2 " hypertrophy of --	1	Spinal cord, disease of-	1
" of shoulder -----	1 " organic disease of	1	Suicide by shooting ---	2
" of stomach -----	1 " valvular disease of	7	" by drowning ---	1
" of uterus -----	3 Hepatitis -----	1	Syphilis hereditary --	1
Cerebral spinal irritation	1 Hydrocephalus -----	2	Tabes mesenterica -----	15
Childbirth -----	39 " acute -----	5	Teething -----	4
Cholera infantum -----	1 Injury of vertebra and		" and complications	1
Consumption -----	1 paralysis -----	1	Whooping-cough -----	7
Convulsions -----	48 Insanity -----	1		
Croup -----	39 Inanition -----	12	Total -----	421
" membranous --	9 Intestines, gangrene of	1	Premature births -----	15
Cynanche trachealium	2 Kidneys, Bright's dis-		Still births -----	61
Cystitis chronic -----	1 ease of -----	1		
Debility, general -----	3 Laryngismus stridulus	1	Total -----	76
	3 Laryngitis -----	4		

AGES.

Under 1 -----	130	10 to 20 -----	15	70 to 80 -----	11
1 to 2 -----	44	20 to 30 -----	49	80 to 90 -----	2
2 to 3 -----	18	30 to 40 -----	39	90 to 100 -----	0
3 to 4 -----	17	40 to 50 -----	25	100 to 102 -----	1
4 to 5 -----	6	50 to 60 -----	27		
5 to 10 -----	23	60 to 70 -----	14	Total, -----	421

Males, ----- 226 | Females, ----- 195 | Total, ----- 421

Single, ----- 298 | Married ----- 123 | Total, ----- 421

White, ----- 409 | Colored, ----- 12 | Total, ----- 421

COMPARISON.

Deaths in April, 1871,--	421	Deaths in April, 1870,--	495	Decrease,----	74
Deaths in Mar., 1871,-----	472	Decrease,-----			51

NATIVITY.

Austria -----	0	England -----	6	New Brunswick -----	0
Bohemia -----	4	France -----	2	Norway -----	5
Canada -----	4	Germany -----	52	Poland -----	3
Chicago, Native -----	77	Holland -----	1	Switzerland -----	1
Chicago, Foreign -----	135	Ireland -----	45	Scotland, -----	3
U. S., other parts -----	68	Italy -----	1	Sweden -----	9
Denmark -----	3	New Foundland -----	0	Unknown -----	2
Total, -----					421

MORTALITY BY WARDS FOR THE MONTH.

Wards. Mortality. Pop. in 1870. One death in				Mortality.	
1---	6	6,531	1088	Accidents-----	23
2---	13	14,338	1103	Burlington Slip-----	1
3---	20	16,805	840	County Hospital-----	13
4---	15	12,178	812	Foundling Home -----	10
5---	12	11,605	967	Home for Friendless -----	3
6---	15	19,486	1299	Immigrants -----	2
7---	11	13,849	1259	Illinois Central Slip-----	1
8---	26	22,994	887	Marine Hospital-----	1
9---	39	27,278	699	Mercy Hospital-----	2
10---	24	13,750	573	Hospital Alexian Brothers-----	4
11---	23	14,988	652	Manslaughter -----	1
12---	8	13,976	1747	St. Joseph Orphan Asylum-----	7
13---	5	8,943	1788	Suicide -----	3
14---	9	9,076	1008		
15---	43	20,382	474	Total-----	421
16---	16	13,975	873		
17---	30	17,118	571		
18---	22	17,069	776		
19---	6	8,738	1456		
20---	7	13,628	1947		

Mean Thermometer for month, 52 $\frac{3}{8}$ °; Rain, 2.950 inches; Deaths daily, 14.

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N. S. DAVIS, M.D., EDITOR.
F. H. DAVIS, M.D., ASSISTANT-EDITOR.

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Original Contributions.

A SHORT HISTORY OF SIX CASES OF PLACENTA PRÆVIA.

By E. R. WILLARD, M.D., of Wilmington, Ill.

CASE I.—In August, 1853, Mrs. R——, aged about 30, multipara, of nervous temperament, quite hysterical, and in poor health, was taken with slight hemorrhage about three weeks before full time. I was sent for; found her still flowing some, but without pain; learned that she had been having what she called a show at different times for six weeks previous. As the hemorrhage was slight, and there seemed to be no necessity for active interference, I ordered quinine and iron to relieve the debilitated anemic condition of the system, with strict orders that she should keep the recumbent position for several days. From this the hemorrhage ceased, and the general health improved for ten days, when she was again taken with hemorrhage, which was more profuse than on the former occasion, but not sufficient to excite alarm, and subsided spontaneously. About the end of pregnancy I was again summoned in great haste; found her flowing so profusely as to have resulted in partial syncope. Upon making an examination per vaginum I found

the os dilated to the size of half-a-dollar, and my worst fears realized by finding the placenta in the interval. I immediately introduced a tampon and held it up with some considerable force, ordering at the same time counter pressure upon the abdomen by two women, who with the flat hands firmly pressed the uterus and contents well down. This procedure was continued some three-quarters of an hour, when during a pain the tampon was removed, the placenta detached upon the left side, which seemed the thinnest, and the membrane ruptured. Continuous pressure was still maintained upon the abdomen, the tampon again introduced, after complete evacuation of the liquor amnii, and held firmly up as before. By this time the ergot, which had been given in the form of an infusion in the proportion of an ounce to a pint of water, began to make a decided impression upon the uterus, the contractions becoming almost continuous. As the child's head, which was presenting, soon became engaged, I removed the tampon, but persisted in the downward pressure, and had the satisfaction, inside of an hour from the time of rupturing the membranes, of delivering the child, which was finally resuscitated after much careful manipulation. The placenta came away in five minutes.

Although neither the delivery of the child or placenta was accompanied with any considerable amount of flooding, still the patient was so bloodless, from previous hemorrhages before my arrival, as to make it necessary to place the head considerably below the rest of the body to prevent syncope.

I remained with the patient a few hours to insure perfect reaction, or sufficient, as I thought, to relieve apprehension of further danger, and then rode into the country. I was gone some three hours. Upon returning, to my surprise, I found the patient in articulo-mortis. She only made two or three ineffectual efforts at respiration after my arrival. I attributed the unfortunate termination of this case to the interference of two old ladies, who, in my absence, persisted in elevating the woman's head a foot or more above the rest of the body, thereby causing fatal syncope. This I inferred from finding the patient in that condition. I immediately lowered the head and

applied stimulants and friction, all to no purpose. Upon examination the uterus was found to be firmly contracted, without any signs of hemorrhage more than a slight oozing since the birth of the child. The fatal result in this case produced a decided impression upon my mind at the time, as I was most certain that the patient would recover after the completion of the accouchement.

CASE II.—In August, 1854, I was summoned to see Mrs. B——, in consultation with Dr. Jones, of Channehon. The messenger stated that he feared the woman would be dead before my arrival unless I made great haste. I found the patient about 28 years of age, nervous temperament, multipara, not much advanced beyond the sixth month of gestation, in a very critical state. Her countenance was pinched and anxious, pulse hardly perceptible, breathing short and quick, and the body bathed in a profuse cold perspiration. I learned from the friends that she had been affected by hemorrhage that recurred every week without specific cause for three weeks past, and that she had been having some pain since the flow commenced this time. Upon examination I found the bed saturated with blood, the vagina distended by a large clot, and hemorrhage going on actively. The cervix dilated to the size of an American quarter, through which the placenta could be plainly felt, covering the entire dilated orifice, and subsequently proved to be centrally attached.

I recommended the immediate separation of the placenta and free administration of ergot, as the best means in my judgment calculated to relieve the urgent symptoms in the case. With the request of the attending physicians I introduced my hand into the vagina, and with the fingers in the uterus detached the placenta without rupturing the membranes. The hemorrhage immediately ceased. Ergot was ordered in full doses every twenty minutes, together with wine and beef essence, and the patient well surrounded with artificial heat. In an hour, the pains began to increase in frequency and force, and in three hours labor was terminated, the uterus expelling the fetus, placenta, and membranes entire. After agreeing upon the

treatment to be adopted to bring on reaction, I left the patient in charge of the attending physician, with the most sanguine expectation that she would recover.

These anticipations were not fulfilled, as I afterwards learned from the friends that the patient died in about six hours from my departure. I have always been of the opinion that the fatal termination of the case was the result of post partum hemorrhage, that might possibly have been stayed, had due diligence and care been used in the subsequent management of the case.

CASE III.—On the morning of January 12th, 1860, Dr. E. H. Strong sent for me to see a patient of his in her sixth month of gestation. Upon arriving found Mrs. C——, a strong, muscular, multiparous woman, who, without premonitory hemorrhage, was taken ill the evening before, after lifting some heavy articles, with alarming flooding, and now lay pale and almost pulseless. Dr. Strong was sent for in the night shortly after the flooding commenced, and immediately introduced the tampon, which for a time controlled the flow, but towards morning slight uterine contractions came on, producing periodic hemorrhage of considerable violence, which induced him to send for me.

Upon removing the tampon and making a vaginal exploration, I found the os slightly dilated, just sufficient to introduce the index-finger. As the hemorrhage was going on actively I passed the finger through the cervix, and distinctly felt the placenta, which subsequently proved to be nearly centrally attached, membranes entire. As the patient was so completely exhausted that further loss of blood would doubtless result in the fatal termination of the case, I proposed the entire separation of the placenta as the best means under the circumstances calculated to control the flow, and give time for the action of ergot and stimulants. This being agreed upon, I introduced the hand, and with the fingers in the uterus easily detached the placenta, without rupturing the membranes. The tampon was again introduced and the ergot given in full doses every twenty minutes. The hemorrhage ceased almost immediately, with the exception of slight oozing, and in two hours the whole contents

of the uterus was expelled, child, placenta, and membranes entire. I watched the patient carefully during the entire time, never leaving the bedside, and as the case terminated so favorably, it left no doubt upon my mind in regard to the mode of procedure in this case being correct. The mother made a good recovery.

CASE IV.—*Jan. 26th, 1871.*—Dr. Abbott called at my office, and requested me to go with him to see Mrs. B—, three miles distant. During the ride he gave me the following history: Two weeks previous the patient, a multipara, of bilious sanguine temperament, in good health, was affected, without assignable cause, by hemorrhage of considerable severity, which ceased spontaneously before his arrival. She was directed to maintain the recumbent position as much as possible, and avoid all exertion more than was absolutely necessary. About a week from this, she was again taken in the same way, but less severe; the flow also ceased spontaneously, same as on the former occasion. This morning he found the woman flowing quite profusely, accompanied with some pain. After an hour and a-half's attendance, and the hemorrhage had become alarming, he was induced to call me in.

I found the patient cold, quite faint, pale, and almost pulseless, with some nausea and ineffectual efforts at vomiting. Said it was too dark to tell who I was when I spoke to her, although the room was quite light at the time. Examination revealed a large clot distending the vagina; the os dilated to an inch in diameter, and completely dilatable, through which the placenta could be distinctly felt blocking up the entire cervix. The left edge subsequently proved to have crossed over, and overlapped the os in its present dilated condition about an inch. Upon consultation, we concluded to immediately turn the child and deliver the woman—as the soft parts were very much relaxed, the os dilatable, and the liquor amnii present—hoping thereby to save both mother and child. A full dose of ergot was given, and pedalic version performed without delay. The feet being secured, firm pressure was maintained upon the abdomen, and the delivery completed in less than twenty minutes. The placenta soon followed.

After resorting to artificial respiration for some ten minutes, together with warm baths, the child was finally resuscitated. The mother lay in a critical condition for several hours, but subsequently rallied, and made a good recovery.

CASE V.—On December 15th, 1868, I was summoned to Mrs. W——, in consultation with Dr. W. R. Fox, eight miles distant. The patient, a multipara, of nervous bilious temperament—supposed to be in the sixth month of gestation—had for several weeks previous been suffering from uterine hemorrhage, more or less severe, without specific cause. She had lost a large quantity of blood on the day of the visit; her face exhibiting a somewhat blanched and cadaveric appearance; pulse weak and very much accelerated; and so much exhausted as to become quite dizzy upon lifting her head from the pillow, with great depression of spirits.

Upon removing the tampon previously introduced by Dr. Fox, and making a vaginal examination, the os uteri was found dilated sufficient to admit the index-finger, the edge thin and yielding, through which the placenta could be felt overlapping the whole of the dilated orifice. Slight uterine contractions having occurred at intervals of an hour during the greater part of the day, it was agreed that premature delivery would promise best for the safety of the patient. Accordingly, the placenta was partially detached, the tampon reintroduced without rupturing the membranes, and ergot freely given. Expulsive pains soon came on, and in a few hours the entire contents of the uterus were expelled, without further material loss of blood. Examination showed the placenta to have overlapped the os about an inch. The patient made a good recovery.

CASE VI.—*April 10th, 1871.*—Mrs. C——, the same as reported in Case III., over 40 years of age, and mother of 15 children, sent for me in great haste. When I saw the patient about 5 P.M., I found the bed so completely saturated as to have run through, and formed a large pool upon the floor. Pulse frequent and small, with nausea, vomiting, and profuse perspiration. There was no premonitory hemorrhage in this case up to this time, and she only wanted about two weeks of

completing her present gestation. I learned that she was taken, two hours previous to my visit, with profuse hemorrhage, without either pain or other assignable cause. Upon examination, I found the edge of the placenta crossing the cervex, which was dilated sufficient to easily admit the index-finger. I immediately introduced the tampon, and held it firmly up against the os uteri, accompanied by counter pressure by assistance over the uterus; at the same time, gave full doses of ergot every 20 minutes, until strong uterine contractions came on.

At 6 P.M., the pains having become quite severe, I ruptured the membranes and evacuated the liquor amnii, hoping thereby that the placenta would become compressed by the descent of the head to such an extent as to control the hemorrhage. My anxiety for the success of this plan was extremely great, as the pulsations of the child's heart could be distinctly heard, and I was in hopes that it might be delivered without resorting to version, thereby giving the child the greatest possible chance of safety.

These anticipations were fully realised; as, shortly after rupturing the membranes, the uterine contractions became almost continuous, and the hemorrhage was diminished so much as to require but little interference. I had the firm pressure continued over the uterus until the head had entered the superior strait, and in a little over three hours from the time of my arrival at the house, the patient was delivered of a living male child. The mother made a good recovery.

REMARKS.—It is generally conceded by all medical writers that the attachment of the placenta over the os internum is as certainly fatal to the child-bearing woman as the most malignant epidemic of yellow fever or cholera—the mortality being as one to three in all cases having this complication. Although elaborate articles have been written by all our best obstetricians, both on this and the Eastern Continents—each differing more or less from the other in their peculiar management of these cases—still the mortality does not seem to have been materially changed: this no doubt is in consequence of the patients not being seen by the practitioner until the hemorrhage has become

so great as to be irremediable. I am of the opinion that very much depends upon the judgment of the physician in attendance—always bearing in mind the two indications presented, of diminishing the hemorrhage and completing the labor as soon as possible. To fulfil the first of these indications, I have found the tampon held firmly against the os, assisted by pressure upon the abdomen, to be the most effectual. Should the flooding be so profuse as to endanger the life of the patient, and this before her seventh month of gestation, I would recommend the complete separation of the placenta, without extracting it from the uterus (as advocated by Prof. Simpson) or rupturing the membranes.

And for the second indication, ergot should be given in full and repeated doses. The os uteri, if not quite elastic and dilatable, should be artificially dilated by means of the internal caoutchouc dilator. I would not recommend the early evacuation of the liquor amnii unless gestation was nearly completed, and the os sufficiently dilatable to ensure the rapid descent of the fetus. Even then, the possible necessity of version should be taken into consideration, as there would be little danger from internal hemorrhage so long as the uterus remained full, and the requisite amount of continuous pressure was made upon the abdomen. I have found the application of a sheet—the same as for *parecentesis abdominis*—to answer admirably for that purpose. The external flow can also be more effectually controlled by continuous firm pressure with a proper fitting tampon. In absence of anything better, I have found a small-sized glass speculum, properly padded, and inserted wrong end up, to answer a good purpose. In one case, a castor-oil bottle, padded as above, and inserted bottom up, did good service. This procedure necessitates the constant personal attention of the physician until the accouchement is completed.

TRAUMATIC PARALYSIS OF THE FACIAL NERVE.
RECOVERY.

BY ALFRED E. WALKER, M.D.

Last November, a girl about twelve years of age came to the Davis Dispensary to have a tumor attended to, which showed itself just below the temporo-maxillary articulation of the right side. Dr. Sherman tried the administration of absorbents for a while, but without any effect, and then he decided to remove it by an operation. This was accomplished, though the tumor was found to be much more extensive than was anticipated, extending in between the carotids, and being attached to the parotid gland back of the ramus of the jaw.

The next day the child was quite comfortable, but complained of numbness on the right side of the face. Twenty-four hours after the operation she commenced vomiting; twelve hours later the wound was dressed, and considerable fluid escaped; another twelve hours and the vomiting ceased; in the course of the next sixteen hours she had several convulsions. This brought her to the sixtieth hour after the operation, and subsequently there were no bad symptoms at all. The wound supplicated and healed, cicatrization being complete at the end of three weeks.

Now, as to the paralysis, it appeared the first time she was seen after the tumor was excised, and it exhibited all the usual symptoms of paralysis of the facial nerve, which need not be enumerated here. There was also anæsthesia for a space three-quarters of an inch broad, immediately in front of the incision, reaching from just under the ear to near the angle of the jaw.

On the 16th of January, that is, five weeks after the operation, the use of electricity was commenced with Kidder's machine. At this time the features had fallen downwards on the affected side, and there was a little ectropion of the lower eyelid. The girl holding one electrode in her hand, if the other was applied behind the cicatrix, no effect was produced; but if it was applied over the parotid gland in front of the cicatrix most of the facial muscles were set twitching. After this the

battery was used every second day, the muscles moving more and more. On the first of February, it was found that pain could be excited in the surface in front of the cicatrix, but perception was not definite, as appeared from the girl's failure to tell correctly how many points touched her, though the compasses were separated by one-third of an inch. On the 14th of Feb., her sister came with her, and, in answer to questions, said that the patient had laughed a little on the right side for two weeks. She was accordingly provoked to smile, and straightway demonstrated her capacity for bilateral mirthfulness. The sponge applied behind the cicatrix now caused contractions in the facial muscles.

But two sets of muscles remained deficient in power or in innervation, namely, the orbicularis palpebrarum to raise the lower lid, and the depressors of the angle of the mouth and of the lower lip. If reflex action, or what Carpenter might call "consensual" action, was excited by pushing the finger roughly into the inner canthus, the eye would close tightly, but not in response to mere volition. And as to the mouth, no motion at all could be excited in the depressors, while the levators were gaining strength day by day, and finally threatened to give to the right side the appearance of a permanent grin. On the 11th of March, a galvanic current from a sixteen-cell battery was applied to the chin, and this caused the depressors to act. It was repeated on several occasions until the patient's visits became so irregular that treatment had to be discontinued.

Among the points of interest in this case we might, perhaps, include the vomiting, which commenced twenty-four hours after the operation. It may be attributable to the effects of the ether; but, on the other hand, as it did not begin until after a whole day it may have been occasioned by irritation of the glosso-pharyngeal nerve, by the contents of the wound, or by the thickening of the parts.

It will be noticed that on the 14th of February, the patient was said to have been laughing on the right side for two weeks. This would make such voluntary action of the muscles begin at about the same time that the space in front of the cicatrix was

first found to be sensitive; and it is probable that if the sponge had then been applied to the back of the cicatrix the re-established continuity of the nerve would have been demonstrated. Though it is possible that the renewed sensibility was due to the growth of new nerves from adjacent branches, for the sensations perceived were very indefinite,—not accurately localized.

It seems to have been one month after external cicatrization was complete that the nerve recovered its conductivity. The depressors of the mouth had been quiescent three months when the galvanic current set them in motion.

Perhaps it is worth mentioning that the girl was running about in the open air during the coldest weather last winter, without any covering over the eye which she could not close, but that the eye never showed any sign of irritation, except watering a little.

REPORT ON THE MEDICAL USES OF CARBOLIC ACID.

By N. S. DAVIS, M.D., Chicago, Ill., Chairman of the Committee.

Read to the Illinois State Medical Society, at the Annual Meeting in Peoria, May 16, 1871.

At the last Annual Meeting of this Society, the undersigned were appointed a Special Committee to report on the medical uses or value of the carbolic acid in the treatment of diseases when taken internally. It would doubtless have been more satisfactory to the Society if we could have collated, in the form of a report, the results of the clinical experience of many members of the profession, gathered by a close examination of our medical literature; but our time has been so closely occupied that we have been unable to do this. We shall, therefore, attempt nothing more than a plain statement of our own experience in regard to the use of the remedy.

It is about three years since carbolic acid began to attract attention as a remedy for internal administration. The kindred substance, creosote, had long been known, and used to a limited extent in the treatment of some forms of disease. But the

carbolic acid, in its pure crystalline form, was first introduced to the notice of the profession as an external application in surgical injuries, for the purpose of destroying living germs, and preventing suppuration or putrefaction. It was not until it had been extensively used for these purposes in surgical practice, and the idea had become quite prevalent that various diseases, classed as zymotic, depended on the presence and action of living germs, either animal or vegetable, that it was suggested as a remedy of probable efficacy in the treatment of such diseases. During the brief period which has elapsed since this suggestion was made, the carbolic acid has been used as an internal remedy, more or less, in the treatment of all forms of intestinal flux, from the simple infantile diarrhoea to the epidemic cholera and dysentery; in the low or typhoidal types of fever; in all the forms of angina, from simple catarrhal inflammation to scarlatina anginosa and diphtheria; and in some of the varieties of carcinoma.

During the last two years, we have prescribed the carbolic acid very often, and in a considerable number of morbid conditions. In the various grades of irritation or morbid sensitiveness of the mucous membranes of the alimentary canal, especially in children, we have found it a very valuable remedy. A few cases will serve to illustrate more fully the application of the remedy than we could convey in any other manner.

CASE 1st.—A. B., child eight months old, nursing. The bowels had been slightly loose for three or four days, the discharges thinner and more offensive than natural, but not more than three times a day, until July 3d, 1870, when it began to have active diarrhoea, the discharges being very thin and of a greenish color, accompanied by a prompt rejection of whatever it took into its stomach, either by nursing or drinking. It was not the active vomiting of severe cholera morbus, but that morbid sensitiveness of the stomach that causes rejection of the ingesta and serious diarrhoea. There was no febrile reaction, but rather paleness and coolness of the surface. The mother was directed to let the child nurse often, but only a little at a time, and to give it no drinks except one or two teaspoonfuls at

a time of cold water or mucilage; and the following prescription was given:

R. Carbolic Acid Crystals -----	3grs.
Glycerine -----	3ss.
Camph. Tinct. Opii. -----	3ss.
Water -----	3ij.

Mix, and give 20 drops every two hours until the stomach and bowels are quiet. When there have been no evacuations up or down for twelve hours, then extend the interval between the doses to three hours. Under this treatment the vomiting ceased during the first twelve hours, but moderate diarrhœa continued, and the medicine was also continued at intervals of three hours. On the third day after commencing the treatment there was no vomiting, and only two intestinal evacuations more healthy in character. The same medicine was continued four times a day for three days longer, when the child appeared well, and treatment was discontinued. During the summer of 1870, we treated more than 70 cases similar to the one just related, embracing children from six months to two years of age, with the same formulæ, and nine out of every ten speedily recovered. Such of the children as had been weaned were fed on small but frequently repeated doses of a thin porridge, made of sweet milk and wheat flour. In a very few instances the medicine appeared to exert no influence over either the vomiting or diarrhœa, and other remedies were made available. It will be remembered that the cases here alluded to were recent and simple in their nature. The following will illustrate another class of cases, of greater severity, and of very frequent occurrence during the months of July, August, and September.

CASE 2d.—*July 27th.* Called to C. T——'s child, aged 15 months, still nursing. The child had commenced to have moderate diarrhœa, or "summer complaint," as it is termed, during the first week in July, which had continued, with only occasional vomiting when it took too much into its stomach, until the 24th. It had become pale and thin in flesh, but still most of the time cheerful, and the mother, as is usual in such

cases, attributing the looseness to "teething," had used no remedies except one or two doses of castor-oil. During the night of the 24th, the child became more restless, the bowels moving every two or three hours, and the stomach promptly rejecting whatever was taken into it. The intestinal discharges were very thin, yellow, and offensive. The following day a physician was called, who prescribed suitable doses of anodyne and alterative powders, mustard sinapisms over the epigastrium, and the next day some laxative mixture, sufficient to move the bowels. Almost every dose of the medicine, however, was rejected by vomiting, and the original symptoms continued without abatement. When we were called on the 27th, the child was much emaciated, the countenance haggard, extremities cool, pulse quick and feeble, paroxysms of great restlessness, with intervening somnolency—almost every paroxysm of restlessness ending in a discharge from the bowels of a greenish yellow color, and almost as thin as water, with little specks of mucus in it. There was pretty uniform vomiting within a few moments after nursing or taking any kind of drink. The urinary secretion was very scanty. We advised the mother to let the child nurse only a little at a time, but often, and to give no other drink except teaspoonful doses of ice-cold water, of which it was very fond. For medicine, we directed the following:

Ry. Carbolic Acid Crystals-----	3grs.
Glycerine (pure)-----	3ss.
Water-----	3ijss.

Mix, and give half a teaspoonful every hour until the vomiting ceases, and the breast milk is retained well. Also the following:

Ry. Nitrous Ether-----	3ss.
Camph. Tinct. Opii.-----	3ss.

Mix. Give 20 drops in half a tablespoonful of sweetened water every three hours, to help allay the irritability of the bowels, and promote more active secretion of the kidneys.

July 28th.—The vomiting has nearly ceased; the evacuations

from the bowels are less frequent, but nearly the same in character, and the urine only slightly increased in quantity. Ordered both prescriptions continued, but the solution of carbolic acid only every three hours, making it come alternately with the paregoric and spirits of nitre.

July 29th.—Child nurses well, and retains all it takes into its stomach; countenance much improved; urine more abundant; but the intestinal discharges continue to occur every three or four hours, and remain thin and pretty copious. Directed the carbolic acid solution to be continued every six hours, and half-way between, one of the following powders, *viz.*:

R _y .	Sub. Nit. Bismuth -----	12grs.
	Pulv. Geranium Root -----	4grs.
	Pulv. Doveri-----	1gr.

Mix. Divide into six powders.

Under this treatment the bowels steadily improved, and on the 1st of August the carbolic acid was omitted, and only one powder given each night and morning; and after three days more they were dispensed with altogether, the child needing no further treatment. As already remarked, this case is the representative of a large number that were treated, and in nearly all of which the carbolic acid was of great service in allaying the gastric irritation and vomiting, but in all, or nearly all of which, other remedies were required to aid in restoring a healthy condition to the bowels. In the first stage of active cholera morbus, both in children and adults, we have many times promptly arrested the active symptoms by using the following formulæ:

R _y .	Carbolic Acid Crystals -----	6grs.
	Glycerine -----	3ss.
	Camph. Tinct. Opii.-----	3jss.
	Water-----	3ij.

Mix. Give to adults one teaspoonful every half hour or hour until the symptoms are relieved, and doses proportionately less for children. In active dysentery or acute inflammation of any part of the mucous membrane of the alimentary canal, we have

found little or no advantage from the use of carbolic acid, but in many cases of chronic dysentery, accompanied by flatulency and gastric irritability, it has afforded much relief when given with paregoric, as in the last formulæ stated above, and repeated every three, four, or six hours.

FEVERS.—The theories that, on the one hand, attribute typhoid fever to the action of some specific animal poison capable of producing general febrile disturbance, in connection with a specific morbid action in the glands of the mucous membrane of the intestines, and, on the other, make the influence of carbolic acid depend on its power to destroy such poisons, very naturally suggest the latter as a remedy for the former. Our own clinical experience, however, does not lead us to place much confidence in the efficacy of carbolic acid as a leading remedy in the treatment of this or any other variety of general fever. And yet there are conditions that sometimes arise during the progress of both typhoid and typhus fevers that may be met more effectually by carbolic acid than by any other remedy that we have tried. It has occasionally happened, though not often, that these fevers have been accompanied, in the early stage, by such a morbid sensitiveness of the stomach, that almost everything taken into it was rejected by vomiting, thereby interfering seriously with the proper administration of both food and medicine. In several such cases we have given small and frequently repeated doses of the solution of carbolic acid, with the most happy effect in relieving the gastric irritation and modifying the the course of the fever. It also sometimes happens, in the advanced stage of these fevers, even after many of the symptoms of convalescence have become apparent, that a very troublesome sensitiveness of the stomach and bowels spring up, interfering with our efforts to nourish and sustain the patient at a very critical period of his progress. The following case will illustrate the point we have in view better than any description we could give:

CASE 3d.—*Feb. 10th, 1871.* Miss G——, a German servant girl, aged about 20 years, had been admitted into the Mercy Hospital ten days previously, then in the beginning of the third

week of a severe enteric typhus fever. At the time of her admission her expression of countenance was dull; face suffused with a dark flush; lips, mouth, and tongue dry, and the latter red at the edges, with a brown, dry coat over the middle; skin generally moderately hot and dry; pulse 120 per minute, and soft; dry bronchial ronchi over the whole chest, with oppressed breathing; abdomen full and tympanitic, with from four to six thin, brown, and offensive intestinal discharges every twenty-four hours; mind dull, wandering, and indifferent. Could not learn whether she had been subject to any medical treatment or not. She was placed on the use of an emulsion of oil of turpentine and tincture of opii every four hours, with six grains of chlorate of potass, and six drops of hydrochloric acid in mucilage of gum arabic between. For nourishment, she was to take two tablespoonfuls of sweet milk and wheat flour porridge every two hours, with the same quantity of beef tea or essence between. After the first four days the more important symptoms began to abate. The surface was less hot and dry; the mind less wandering; the abdomen less tympanitic; the mouth and tongue less dry; the dry bronchial ronchi were displaced by slight moist ronchi, and a little expectoration; the pulse was only 100 per minute; and the intestinal discharges not more than two or three in the twenty-four hours. These improvements continued through the fifth and sixth, and were so marked as to create the impression that convalescence had already commenced, and the medicines were given at longer intervals, and the quantity of nourishment moderately increased. On the seventh, however, the stomach began to reject both food and medicine, and the intestinal evacuations became more frequent, with increasing tympanities. Both the emulsion and the chlorate solution were discontinued, and instead a powder of sulphate of morphia 1-6gr., and sub. nit. bismuth 6grs. was directed to be given every two hours until the stomach and bowels were quieted. On the following day, finding that the powders had been rejected by vomiting, and no improvement in the other symptoms, they were continued at longer intervals, and a teaspoonful of the following mixture given every two hours:

Ry.	Aromat. Spts. Ammonia-----	℥ij.
	Camph. Tinct. Opii-----	℥jss.
	Simple Syrup -----	℥ss.
	Aqua Camph. -----	℥j.

Mix. Sinapisms were applied over the epigastrium. On the 10th, the patient was found not only no better, but decidedly worse. The countenance was haggard, the skin cool, the pulse frequent and feeble, the abdomen much distended and tense, intestinal discharges frequent, and very thin; stomach still rejecting both food and medicine, and yet the tongue was clean and the mouth free from sordes, and the mind clear. All previous medicines were omitted, and the patient rigidly restricted to a single tablespoonful of thin milk porridge every half hour, and one teaspoonful of the following prescription every hour:

Ry.	Carbolic Acid Crystals -----	6grs.
	Camph. Tinct. Opii-----	℥jss.
	Glycerine-----	℥ss.
	Aqua -----	℥ij. M.

Before the end of twenty-four hours the vomiting had ceased, and the intestinal discharges were less frequent. The medicine was continued every two hours, with nourishment as before. From this time the patient continued steadily to improve, and the interval between the doses of medicine was lengthened from day to day, and the nourishment given in larger quantities, and at larger intervals, and on the 18th of the same month she was fully convalescent.

Among the poorer classes of society, cases of this variety of fever are often neglected in the early stage, and several have come under observation in which an extreme irritability of the stomach has been developed in the advanced stage, and in which the carbolic acid, given as above, afforded speedy relief.

We have given the carbolic acid in solution in water, with a little glycerine, as in the following formulæ, in many cases of indigestion, characterised by foetid eructations, occasional pains in the abdomen, especially soon after eating, and one or two offensive discharges from the bowels each day.

Ry. Carbolic Acid Crystals ----- 6grs.
Glycerine (pure) ----- ʒss.
Water ----- ʒiijss. M.

Take one teaspoonful just before each meal, and at bedtime, and in nearly all the cases with decided benefit. We have also used the same formulæ, in doses suited to the age of the patient, in several cases of scarlatina anginosa, diphtheria, and catarrhal sore throat, and generally with benefit, especially in the ulcerative stage of those affections. We have used the same solution in six cases of unusually severe vomiting in the early months of pregnancy. Two of these cases were unusually severe, and had persisted until past the fifth month, when they came under my observation. Both were first pregnancies, and the patients had become extremely reduced in flesh and strength, from inability to retain nourishment. They had tried sub. nitrate bismuth, oxalate of cerium, lupulin, and a variety of antacids, and some stimulants, but without relief. Both, however, were speedily relieved by taking one teaspoonful of the solution of carbolic acid as above given; at first, every three hours, and after the vomiting was checked, the remedy was continued before each meal for several weeks. The remaining four cases were less severe. In two of them the medicine taken before each meal afforded considerable relief, but did not entirely stop the nausea; while in the remaining two it produced not only no beneficial effect, but seemed to be especially repugnant to the patients.

CANCER.—Two cases of cancerous disease and ulceration of the os and neck of the uterus were much relieved by using the solution of carbolic acid internally, at each meal time, and a stronger solution twice a day as vaginal wash. They were kept comparatively comfortable for many months, but the effects were only palliative.

A neighboring physician told us he had a case of cancerous disease, of well-marked character, that had been kept stationary and the patient comfortable more than twelve months, under the constant use of carbolic acid. We have also used it with temporary benefit in two cases of cancerous disease of the stomach.

From the foregoing details, it will be seen that we do not regard carbolic acid as a specific for the cure of any form of disease, but from its mildly sedative influence on the organic nervous system and mucous surfaces, coupled with strong antiseptic properties, it is admirably adapted to meet certain indications that arise during the progress of a great variety of diseases. We might easily extend this report by further details, including the local application of carbolic acid to various cutaneous eruptions, but enough has been given to indicate clearly the directions in which it may be applied and administered with reasonable expectation of benefit.

N. S. DAVIS, }
J. MURPHY, } *Committee.*

Foreign Correspondence.

Ehrenbreitstein, Germany, May 9th, 1871.

PROF. N. S. DAVIS, M.D.—*Dear Sir,*—Perhaps it will not be entirely without interest to your readers to read a description of a few cases which have been brought into this hospital for treatment during the war just ended. As a general thing we have not had cases of great importance, but occasionally one is brought which is at least interesting physiologically. The most of the cases which I shall describe have not been in my wards during the entire treatment, and as no histories are at my disposal, shall be obliged to trust chiefly to memory. I shall therefore describe the cases as well as I can, and leave it to yourself and readers to theorize.

The first case received a ball passing in about the centre and at the junction of the neck with the shoulder of the right side, the ball being found lodged under the skin a little below and about two inches to the right of the right nipple. The external wound healed readily, but there was partial paralysis of the limbs of the left side, while the right pupil was dilated to about four times its normal size. The capillary circulation of the

limbs of the left side was sluggish, the limbs being perceptibly colder than normal, while the thermometer in the left axilla showed a diminution of temperature of one degree. Professor Langenbeck examined the case, and said the ball had affected the spinal cord from concussion, and then passed through the right lung to the right side. He was troubled for a time with "night sweats," and one night I was called to him and found him senseless, throwing himself from one side of the bed to the other, and bathed in perspiration, although his temperature appeared normal and the pulse regular. The attack lasted about fifteen minutes, and was repeated once during the night, and the following morning he complained of headache and general weakness. The treatment at first was general, with no apparent effect; afterwards electricity, with daily exercise, was tried, and from that time the patient began slowly to improve. He was sent away from the hospital a few days ago, being able to walk around very well, and will probably in the course of time be able to attend to his business, if not entirely recovered.

The next case received a ball in the shoulder, just above the joint, the ball passing out near the lower angle of the scapula (right shoulder); also a ball passing through both condyles of the right femur without injury to the joint. In this case we have exemplified the tenacity of life in some cases, for we expected him to die almost every day for a month, abscesses forming in different parts of his body, bedsores on his back, and every few days hemorrhage from the wound in his shoulder. Finally the shoulder-joint became involved, and resection of the head of the humerus was performed about the middle of October, and from that time he began gaining strength, although the wound has not yet entirely healed. The wound in the knee still refuses to heal, small spiculæ of bone coming away with the pus from time to time. The surgeon says he is afraid to attempt any operation for fear he might injure the joint which is yet sound. His appetite never failed him, and he was furnished wine and beer in abundance, according to custom here. He is able to walk around, and it is hoped he will recover with the use of his knee-joint.

The next case was a lieutenant, who received a flesh wound just above the right knee, the ball passing behind the femur and injuring the peroneal nerve. There is nothing particular about this case except the pain which he always had in his foot. He had to be injected with morphia from three to five times a day, medicines being powerless. This was continued for about four months without any perceptible improvement. Finally he was ordered to be injected with water to try the mental effect. This did not relieve the pain, and he was told that morphia, when long continued, sometimes loses its effect. The injections were then stopped, and in the course of a month he was much improved, being able to sit up all day. Finally he went to Wiesbaden, to try the baths, since which time I have heard nothing from him.

There are other interesting cases, one of which I will only mention. A ball cut the skin on the top of a soldier's head without any perceptible injury to the bone. He became immediately deaf, and has remained so ever since.

A few words about Germany. When I first came here I was almost ashamed to acknowledge I was an American; now I am proud of it. As to their instruments and apparatus for dressing wounds and fractures, certainly they would lose nothing by going to America and studying the productions of "Yankee ingenuity." I have seen nothing extra which is not to be seen every day in our hospitals, and as to German education, should feel very badly to have to say it was superior to ours.

G. W. GOODNER, M.D.

SUL. MORPHIA AS A PARTURIENT.

PROF. DAVIS.—*Dear Sir*,—In your April issue, Dr. Vance pretends a reply to my criticism on Dr. Robson's views of morphia as a *parturifacient*, and simply says, *his* experience coincides with the views expressed by Dr. Robson! I admit, that, in natural labor, sul. morphia will act as a parturient—that it will hasten abortion, where it is inevitable; but the

question is, *how?* What is its *modus operandi* in such cases?—*not, Will it do it?*

Permit me to ask Dr. Vance—1st, What the *modus operandi* of *secale cornutum* is? 2d, What is the *modus operandi* of *sul. morphia* upon the parturient patient? These queries I propound, in order to elicit full discussion, and free interchange of views upon this interesting subject, and trust we may *finally* call out the views of the ED. EXAMINER on the subject.

L. D. ROBINSON, M.D.

METRO-PERITONITIS AGAIN.

PROF. DAVIS,—I have recently had my attention called to a letter which appeared over the signature “Viatus,” in a late number of a medical journal published in this city. Said letter professes to review the case of metro-peritonitis which I reported in the EXAMINER, but it is of such a character as to be almost unworthy of any notice. In it the writer shows himself more familiar with the peculiar phraseology of the prize ring than with the principles of medical diagnosis.

He declares that I made a false diagnosis, that the disease was not metro-peritonitis. I think it well to consider briefly the merit of that declaration. He attempts to make a strong point upon the character of the pulse as reported by me. In my report the character of the pulse as to volume was alluded to but once, and that was during the prodromic period, before the symptoms of metro-peritonitis were fully initiated. The pulse, in severe peritoneal inflammation, is generally quick, feeble, and jerking, though it may be hard and full. After the full development of peritoneal inflammation the pulse ranges from 110 to 150 per minute, *when uninfluenced by medication*. Is the physician who controls the circulation by medication, so as to prevent it reaching 120 or 150 beats per minute, to be told in consequence that he has made a false diagnosis? In the case reported, all the grave and characteristic symptoms of metro-peritonitis were present in a marked degree. I do not

consider it necessary to enumerate them here. The sudden distension of the abdomen, which sometimes occurs within a few hours after confinement, cannot be mistaken for metro-peritonitis. This distension is unaccompanied by the pain, fever, or other characteristic symptoms of metro-peritonitis.

I wish to say a word with reference to the duration of the case reported by me. It seems unusually short. It is so, the period of active inflammatory action and convalescence having occupied not more than ten or twelve days. I am satisfied that the inflammatory action was abruptly cut short in this instance by the opium. As soon as the opium impression was manifested the pulse was held at 110, and thereafter gradually became slower. Such, also, is the experience of Alonzo Clark; the pulse falling from 120 to 90 and 68 per minute, the disease often running a remarkably short course. If evidence is worth anything, it seems to me that it points conclusively to the value of the opium treatment of this disease. The fact that opium poisoning may occur, unless great caution be exercised in its use, will not deter the physician from a fair and thorough trial of the remedy.

I apologise for obtruding this subject again upon the attention of the readers of the EXAMINER. I assure you, however, that this closes what I have to say upon the subject. Permit me to say, in closing, to those individuals who have been so busily collecting items in regard to my case, that had they called upon me they might have saved a great amount of time and trouble in interviewing the physicians and druggists in my vicinity. I could have given them more information on the subject in twenty minutes than they could have received from my neighbors in an hour.

Yours truly,

THEODORE GRIFFIN, M.D.

582 State Street.

Proceedings of Societies.

ILLINOIS STATE MEDICAL SOCIETY.

The Annual Meeting of this Society was held in Peoria, commencing on Tuesday morning, May 16th, and continuing until one o'clock P.M. of the Thursday following. It was one of the largest and best meetings that have been held since the organization of the Society in 1850. The following record embraces the most important part of the proceedings:

The Society was called to order at ten o'clock, by the President, Dr. G. W. Albin.

The roll of officers was called, and all found to be present, as follows:

President—G. W. Albin, M.D., of Neoga.

First Vice-President—John Murphy, M.D., of Peoria.

Second Vice-President—J. S. Whitmire, M.D., of Metamora.

Treasurer—J. H. Hollister, M.D., of Chicago.

Permanent-Secretary—T. D. Fitch, M.D., of Chicago.

Assistant-Secretary—J. P. Johnson, M.D., of Peoria.

Committee of Arrangements—Drs. J. C. Frye, R. Boal, J. O. Hamilton, R. Roskoten, Peoria; S. Maus, Pekin; J. S. Whitmire, Metamora.

Drs. Peck and Baxter, delegates from the Iowa State Medical Society, were introduced by Dr. Plummer, of Rock Island, and were invited to take seats and participate in the business of the meeting as delegates. Dr. Peck responded briefly, and invited the Society to appoint delegates to attend the next annual meeting of the Iowa Society.

On motion of Dr. J. O. Hamilton, the annual assessment for each member was fixed at \$3.00.

The hearing of reports from standing committees being in order, Dr. H. A. Johnson, of Chicago, chairman of the Committee on Practical Medicine, gave a verbal abstract of a somewhat lengthy and interesting report, the materials for

which had been obtained chiefly from the records of the Chicago Board of Health.

At the close of the report a recess was taken for dinner.

AFTERNOON SESSION.

The Society was called to order at two o'clock P.M., President Albin in the chair.

Dr. Boal, in behalf of the Committee of Arrangements, delivered a brief and very appropriate address of welcome; and several additional members presented their credentials and were registered.

The consideration of the report of the Committee on Practical Medicine was resumed, and Dr. G. B. Hawley, of Aurora, inquired if the report contained anything in regard to the condition of certain classes of people in different parts of the city, the actual hygrometric condition of the atmosphere, as well as the amount of rain fall, etc.

Dr. H. A. Johnson stated that the report did contain details in regard to all the matters mentioned by Dr. Hawley, except that of the hygrometric condition of the atmosphere, and he stated some striking facts illustrating the effects of sewerage and pure water in lessening the mortality. He also stated that the south and south-east winds were always followed by an increase in the daily number of deaths in the city.

Dr. Hewett stated that in his locality in Jersey County he had observed an aggravation of disease pretty uniformly in connection with dry south and south-east winds. The subjects embraced in the report were further discussed by Drs. D. W. Young, of Aurora, J. H. Hollister, and N. S. Davis, of Chicago. The latter stated that temperature and moisture certainly exert a great influence in the production of diseases, but in the production of bowel-affections, so prevalent, especially among children in the summer, another element acted in conjunction with the heat and moisture. That element was some kind of atmospheric impurity. He had observed that the bowel-complaints of children in Chicago invariably commence with the first week of continuous hot weather after the fresh fallen surface

water of spring has disappeared, so that the surface soil is simply moist, or in the process of becoming dry. It is then that the processes of organic change and decomposition are most rapid, and the products impregnate the atmosphere to the greatest extent.

Dr. J. C. Corbus, of Mendota, member of the Committee on Practical Medicine, made a supplementary report in relation to the diseases of his locality, which, together with the report of Dr. Johnson, was referred to the Committee of Publication.

The President then announced that the Mayor and City Attorney of Peoria were present, and desired an audience with the Society.

The Mayor introduced Mr. Quinn, the City Attorney, who said:

Mr. President and Gentlemen of the Convention: The City Council of our city, at a recent date, met and unanimously adopted a resolution in reference to your assembling here, whereby in behalf of our citizens they extended to you a hearty welcome and the hospitalities of the city, and directed that their action should be made known to you by the mayor. On account of his modesty, and at his request, the pleasing duty devolves upon me to extend to you the earnest, hearty welcome of our people. Therefore, in behalf of our city authorities and the 25,000 good people whom they represent, I extend to you, gentlemen of the medical profession—of that art above all arts, the healing art—a most cordial greeting, and a warm, unselfish, hearty welcome. And, gentlemen, this is not a mere formality; it is a genuine expression of an unselfish sentiment which finds its well-spring in the heart. We have no base motive, no unkind thought in extending to you our hands, welcoming you to our houses, and warming you in our hearts.

If you controlled legislation, represented the executive, the cabinet, the army or the navy, and we paid you deference and honor, it might be said that we were sycophants seeking favors from those having power to grant them, but you being neither one nor the other, this lies not upon the tongue of slander to be uttered.

But why, I may be asked, this stir, this earnest effort on the part of our people to make you at home—to make you forget that you are away from home? Simply this: We know that you are the benefactors of the human race; that you ameliorate suffering; give ease to the throbbing temple; quiet the excited pulse; and bring rest and sweet repose to the troubled pillow. We know that braver soldiers never stood on guard than you and your brethren, for no matter what the disease, the epidemic, the scourge, you never turn and flee, but bravely and boldly assail it.

In the velvet-clad palaces of the rich and the neglected cabins of the poor, there, gentlemen, we find you.

Exposed to storms and tempests, snows and sunshine, light and darkness, all to remove suffering, to heal the troubled breast. Hence, being mindful of the blessings you bring to us, and the sufferings you endure for us, we admire you, nay, love you, and are resolved to do all in our power to make your stay in our midst one to be remembered with pleasure, until the lamp of your existence is extinguished.

Gentlemen, before returning to your respective homes, we desire to have you look at our little city, and see if the Lord, at least, has not been good to us. And, as President Johnson once said, so I say, "Look at Peoria."

Our city, gentlemen, whether or not she receives what many of the people of our State hope and pray she may receive, will always have a beautiful lake, a half-a-dozen railroads, delightful scenery, brave men, and handsome women, good health, and as good physicians as any community has cause to be proud of.

Gentlemen, without reflection or forethought I offer these words, feeling how inadequate they are for the occasion, I having simply stolen a moment from professional labors to perform what to me is a pleasure and honor.

In conclusion, gentlemen, you are welcome, thrice welcome to Peoria.

Dr. Johnson, of Chicago, was called upon to reply to the speech in behalf of the Society. He had met with the Society for 21 years, and nowhere had the Society been treated so

kindly as in this city. He was astonished to be so well treated. After going to a hotel and engaging a room, he found that he had been assigned a pleasant home while in this city, and had nothing to pay. He replied in brief to the remarks of Mr. Quinn, complementary to the profession, and its aims and objects. This Society would always remember with pleasure their visit to the city of Peoria, and he wished the city the greatest improvement and happiness.

Dr. Edmund Andrews, of Chicago, chairman of the Committee on Surgery, presented an interesting report on various surgical topics, embracing improvements in the operation for phymosis by Prof. J. S. Sherman, of Chicago; improved instruments for operating for cleft palate, irrigating the urethra, suppressing hemorrhage, using the endoscope, the choice of anæsthetics, the effects of transplantation of skin and cuticle in the healing of chronic ulcers, etc. He related three cases of the latter process by himself, and alluded to one by Prof. E. Powell.

Dr. D. Prince, of Jacksonville, stated that he had made several experiments in the transplantation of cuticle to the surface of chronic ulcers. In all of his cases the ulcers were suppurative, and the experiments failed. He had been informed by Dr. Hodgen, of St. Louis, that his trials in ulcers of a similar kind had also failed, but when the transplantation had been to the surface of ulcers that were dry or non-suppurative, it had been followed by a satisfactory degree of success.

Dr. Andrews, in his report, had recommended a row of gas jets ten inches long for illuminating the urethra and other internal parts, and Dr. H. A. Johnson inquired whether the color of the light needed any correction in order to appreciate correctly the color of the illuminated surfaces?

Dr. Andrews replied that the light was sufficiently accurate for practical purposes.

Dr. Johnson added that he had found an ordinary Argand burner with a deep blue chimney to give the color of tissue very perfect. He also stated that recent cases of gonorrhœa could be generally rendered abortive, or speedily cured, by the local application of a solution of permanganate of potassa, 10

grs. to the oz. of water. The application is unirritating and painless.

Dr. D. Prince said that tannic acid, moistened with glycerine and made into the form of a bougie, when introduced into the urethra and left to dissolve in the moisture of the mucous membrane, generally rendered recent gonorrhœa abortive.

Dr. Kilbourn spoke against the use of ordinary astringents in the treatment of this disease, and recommended the method of irrigation described in the report of the committee.

Dr. T. D. Fitch thought the method of operating for phymosis adopted by Dr. J. S. Sherman, as described in the report, was not very different from that recommended by Erichsen, in his work on surgery, and which he had followed in his own practice with entirely satisfactory results. In regard to the use of anæsthetics in surgery, he stated that up to the last two years he had given the preference to chloroform, and had so expressed himself in the anniversary meeting of this Society for 1869. But since that time his personal observations, as well as the accumulated facts in our medical literature, had induced a change in his mind, and he now thought chloroform should be used only in exceptional cases. He still entertained fears that though ether was much less dangerous in its immediate effects, yet its secondary influence on the blood might materially retard or aid in preventing the final recovery of the patient.

Dr. Harriot inquired how Drs. Fitch and Andrews administered chloroform, and was informed that they used it on a napkin over the mouth and nostrils of the patient, holding it in such position as to allow a reasonable admixture of atmospheric air. He stated that he had used chloroform very often for a number of years without any bad results.

Dr. J. H. Hollister inquired whether any one had known fatal results from the inhalation of chloroform after the preceding inhalation of ether?

Dr. Mosher said that Dr. Frank H. Hamilton, of New York, gave ether to a patient, and failing to produce the desired anæsthesia, followed it by chloroform, which proved speedily fatal.

Dr. Traverse had given chloroform frequently in obstetric practice without any dangerous effects, but thought there was more danger from hemorrhage after the delivery; so much so, that he now pretty generally gave a dose of ergot immediately after the completion of the labor.

Dr. White, of Bloomington, also thought the use of chloroform increased the tendency to excessive flowing after labor. He related a death from the inhalation of chloroform used by mistake, supposing it to be ether. The *post mortem* showed the blood to be in a fluid condition, and a specimen of it kept in a vial several months presented no coagulation.

Dr. H. A. Johnson alluded to a fatal case of poisoning by hydrate of chloral, recently published in Europe, in which the *post mortem* revealed the presence of chloroform in the blood, and made some comments on the philosophy of anæsthesia.

Dr. Crawford said he had used chloroform as the principal anæsthetic in his practice, using it often, and without any serious results. He thought much of the safety or danger incurred in its use depended on the mode of its administration. The method which he learned while connected with the army was to lay one or two thicknesses of factory cloth over the mouth and nostrils of the patient and then put the chloroform on it drop by drop.

Dr. J. S. Whitmire practised and recommended the same method, and though he had given the chloroform a great many times, and still adhered to its use, he had met with no bad results. He believed, however, that its use should be limited to really important cases of surgery, and strongly condemned its use for extracting teeth and other trivial operations.

Dr. S. J. Jones and Dr. W. Young coincided with Drs. Crawford and Whitmire in relation to the method of using chloroform. The latter gentleman stated that the reason why so few accidents had resulted from the use of chloroform in obstetrics compared with general surgery was, because in labor it is given to allay pain already present, while in surgery it is given in advance, to prevent suffering anticipated.

Dr. Jenks stated that he had found a mixture of chloroform,

tinct. opii., and tinct. aconite, applied locally to the gums, to produce all the anæsthesia necessary to extracting teeth.

On motion, the report of Dr. Andrews on surgery was referred to the Committee of Publication.

The Society then adjourned until 8 o'clock P.M.

EVENING SESSION.

On re-assembling at 8 o'clock in the evening, Dr. Albin in the chair, Dr. J. Murphy, of Peoria, made an interesting verbal report concerning his method of treating strictures of the urethra. For all old and indurated strictures he recommended the use of chromic acid, applied directly to the stricture. He introduces a large-sized bougie, with several holes in the end, presses it down upon the stricture and injects through it the solution of chromic acid, repeating the application at first twice a day. When the tissue of the stricture has been softened by the application, a small-sized bougie, with holes in the sides, is used and pressed through the stricture, and the acid injected as before. He continues this once a day, with increased size of the instrument, until a No. 8 passes readily. He commences the use of a solution of chromic acid, 40 grs., water, 3j., but increases the strength gradually to 60 grs. to the ounce of water.

Dr. D. Prince, of Jacksonville, member of the Committee on Surgery, made an interesting and lengthy report on the improvements in the departments of plastic and orthopædic surgery, which was referred to the Committee on Publication.

The Committee on Obstetrics and Diseases of Women, Dr. DeLaskie Miller, of Chicago, chairman; and the Committee on Criminal Abortion, Dr. W. H. Byford, of Chicago, chairman, were called, but no reports were made.

The Committee on Ophthalmology, Dr. H. H. Roman, of Springfield, chairman, was called, but no report from the chairman. Dr. E. L. Holmes, of Chicago, one of the committee, read a short report on cataract, which was referred to the Committee of Publication.

The Society then adjourned until eight o'clock the next morning.

WEDNESDAY MORNING.—SECOND DAY.

The Society was called to order at 8 o'clock A.M., Dr. G. W. Albin, in the chair.

Dr. Boal, chairman of the Committee on Arrangements, reported that the committee had provided a new meeting place in the basement of the Universalist Church.

Dr. Davis moved that the meeting adjourn to the new rooms selected, but withdrew his motion, as it was desirable to remain in the hall to witness the exhibition of Dr. Truesdale's fracture-bed, after which the Society adjourned to the lecture-room of the Universalist Church. The new place of meeting is much more suitable than Rouse's Hall was. The accoustic qualities of the room are better; it is not so large, and therefore better suited to the use of the 100 or 150 delegates, and the seats and general appointments are much more comfortable. The Society were compelled to change their place of meeting on account of a minstrel performance.

The following names were proposed for permanent membership: Drs. J. P. Walker and N. Elsbury, of Mason City, Ill., by Drs. D. Prince and E. Andrews; Dr. C. D. Knapp, of San Jose, and Dr. N. B. Cole, of Bloomington, by Drs. R. D. Bradley and J. S. White; and Dr. John Gregory, by Drs. J. W. Hensley and H. Steele.

On suggestion of Dr. Davis, a recess of ten minutes was taken to receive the names of the nominating committee. When the meeting was called to order, the Committee on Nominations reported.

Dr. David Prince, of Jacksonville, then introduced to the Society Drs. Wm. M. McPhelters and Wm. S. Edgar, of St. Louis, and moved that they be allowed the rights and privileges of delegates, which motion was unanimously adopted.

Dr. Johnson, of Peoria, continued the report on opthamology, in the case of ocular hyperæthusia, which was discussed by Drs. Warner, McFarland, Johnson, Littlefield, and Holmes, and on motion, the matter was referred to the Committee on Publication.

The Committee on Phthisis Pulmonalis was called, when it

was announced by the President that the Chairman, Dr. Noble, was dead.

The Committee on Otology was called, and the Chairman, Dr. S. J. Jones, of Chicago, made his report, which was discussed by Dr. E. L. Holmes.

On motion, the report of the Committee on Otology was accepted, and referred to the Committee on Publication.

The Committee on Investigation reported favorably on a number of names, presented as permanent members, and they were declared elected.

The Committee on Nominations made the following partial report:

Dr. J. O. Hamilton, of Jerseyville, President; Dr. T. Worrel, of Bloomington, First Vice-president; Dr. D. W. Young, of Aurora, Second Vice-president; Dr. J. H. Hollister, of Chicago, Treasurer.

On motion, this report was adopted, and the candidates elected unanimously, and on further report of the committee, Rock Island was selected as the next place of meeting.

The Committee on Criminal Insanity being called, Dr. McFarland, the Chairman, submitted a verbal report, which was discussed by Drs. McCartney, of Young America, and N. S. Davis, of Chicago.

The Committee on Idiocy was called, and Dr. C. T. Wilbur, of Jacksonville, presented his report, which on motion was adopted, and referred to the Committee on Publication.

On motion, the Society then adjourned.

In the afternoon, an excursion by rail was taken to Prospect Hill. Owing to the late railway war, and the blocking up of track, the train did not get away until nearly four o'clock, though the time announced for its departure was two o'clock. The Committee of Arrangements did all they could to hurry the departure, but could not control the matter, and are not to blame for the delay. Though the medical gentlemen were compelled to wait for a time at the foot of Hamilton Street, they took the matter good naturedly.

The number of citizens accompanying the excursion was

limited. The train stopped at the residence of R. M. Cole, Esq., where three fine photographs were taken of the Society. This also consumed time, and the stay at Prospect Hill was necessarily very short. It gave the visitors, however, an opportunity of obtaining a fine view of the country from the hill, and many were the exclamations of pleasure at the prospect presented.

In the evening, a reception and banquet was held at Parmely's Hall. A large number of ladies and gentlemen were present, together with all our medical visitors. The banquet was prepared by the ladies of the city, and was worthy the attention it received. Spencer's band was in attendance, and dancing formed a pleasing feature of the evening. The company did not retire until a late hour, and all appeared to be well pleased with the entertainment.

THURSDAY MORNING.—THIRD DAY.

The Society was called to order at 9 A.M.; President Albin in the chair.

The reading of the minutes was dispensed with, and the regular order of reports of committees proceeded with.

Dr. N. S. Davis, chairman of a special committee read a report on the internal use of carbolic acid in the treatment of diseases, which was referred to the Committee of Publication.

Dr. D. W. Young, Special Committee on Cholera Infantum, read a lengthy and interesting report on that subject, which was referred to the Committee of Publication.

Dr. T. D. Fitch, Special Committee on Bowel Affections of Children, gave a verbal statement of his report on the nature and treatment of constipation in infants. The statement was accepted, and the author requested to furnish his report to the Committee of Publication. All these reports were listened to with much interest, and would have elicited very profitable discussion had not the hour for final adjournment been so near at hand.

Dr. J. S. Whitmire, Special Committee on the Duty of the Profession towards the State Medical Society, read a report,

which was accepted, and referred to the Committee of Publication.

A paper on Criminal Abortion, by Dr. A. Niles, of Quincy, had been received through the Special Committee on that subject. The author not being present to read his paper, it was referred to the Committee of Publication, with instructions to examine the same and publish or not as they thought best.

The annual reports of the Treasurer and of the Publication Committee were presented, accepted, and placed on file.

They showed the financial condition of the Society highly satisfactory and prosperous.

Delegates were then elected to represent the Society in the next annual meeting of the American Medical Association, as follows:

Dr. N. S. Davis, Chicago.
Dr. F. B. Haller, Vandalia.
Dr. J. P. Johnson, Peoria.
Dr. M. W. Walton, Ridott.
Dr. J. O. Hamilton, Jerseyville.
Dr. D. M. Vosburgh, Earlville.
Dr. Geo. J. Monroe, Leland.
Dr. D. W. Young, Aurora.
Dr. E. P. Cook, Mendota.
Dr. J. L. White, Bloomington.
Dr. E. Willard, Wilmington.
Dr. C. Winney, Sandwich.
Dr. John Murphy, Peoria.
Dr. D. W. Jones, Danville.
Dr. David Prince, Jacksonville.
Dr. J. H. Hollister, Chicago.
Dr. C. Truesdale, Rock Island.
Dr. H. A. Johnson, Chicago.
Dr. E. Andrews, Chicago.
Dr. D. E. Foote, Belvidere.
Dr. T. D. Fitch, Chicago.
Dr. S. P. Hawley, Aurora.
Dr. N. G. Blalock, Mount Zion.

Dr. D. S. Jenks, Plano.
Dr. Lucius Clark, Rockford.
Dr. W. M. Kaul, Limerick.
Dr. E. M. Travers, Amboy.
Dr. Geo. W. Wright, Canton.
Dr. C. Goodbrake, Clinton.
Dr. Andrew McFarland, Jacksonville.

Delegates were also elected to the State Medical Societies of the adjoining States of Iowa, Missouri, and Indiana, as follows: To Missouri, Drs. G. W. Hall, of Carthage; F. B. Haller, of Vandalia; J. O. Hamilton, Jerseyville; and T. J. Pitman. To Iowa, Dr. Samuel C. Plummer, of Rock Island; and to Indiana, Dr. Wm. H. Byford, of Chicago.

A number of resolutions were adopted tendering thanks to the Committee of Arrangements, the proprietors of the hall and church in which the meetings were held, to the railroads, to the city authorities and citizens generally of Peoria for the liberal and excellent arrangements made and executed for the accommodation of the Society during the meeting about to close. The thanks of the Society were also tendered to the retiring President, for the able and faithful manner in which he had discharged his official duties.

The President, Dr. G. W. Albin, responded briefly, and the Society adjourned, to meet in Rock Island on the third Tuesday in May, 1872.

The foregoing is not the official record of the proceedings of the Society, but simply notes of such matters as we thought most interesting to our readers. If errors or mistakes have been made, the senior editor alone is responsible, and he will cheerfully correct any that may be pointed out.

The meeting was one of the largest and most profitable that has been held since the Society was organized. Yet it were easy to suggest improvements, which we may attempt to do in another place.

QUINCY MEDICAL SOCIETY.

The Annual Meeting of the Quincy Medical Society was held at the office of Dr. A. Niles, in the city of Quincy, May 9th, at 10 o'clock A.M.

The following members were present, *viz.*: Drs. J. M. Grimes, J. T. Kinsler, A. Niles, L. Tibbets, C. A. W. Zimmermann, Sen., and William Zimmermann.

The meeting being duly organized, Dr. J. H. Reynolds, chairman, the following officers were elected for the ensuing year:

President—Dr. C. A. W. Zimmermann, Sen.

Vice-President—Dr. A. J. Miller.

Secretary—Dr. A. Niles.

Censors—Drs. L. H. Baker, P. A. Marks, L. Tibbets, Wm. Zimmermann, and J. M. Grimes.

On motion, Dr. C. A. W. Zimmermann, Sen., Samuel Tibbets and A. Niles were elected delegates to attend the next meeting of the State Medical Society.

Dr. J. M. Grimes was appointed orator for the next meeting.

Drs. Wm. Zimmermann, L. H. Baker, and L. Tibbets were appointed by the President a committee to report at the next annual meeting upon the diseases prevailing in Adams County the present year.

At two o'clock P.M. the Society convened, pursuant to adjournment, for the purpose of hearing and determining the charges which had been preferred against Dr. J. F. McCormick. The doctor not appearing, the Secretary, after waiting a reasonable time for him, proceeded to read the following bill of charges, which had been preferred against him in due form:

“ Quincy, Ill., April 13th, 1871.

“DR. J. F. MCCORMICK,

“DEAR SIR,—We, the subscribers, members of the Quincy Medical Society, moved solely by a desire to sustain the respectability and honor of the profession, accuse you of disregarding the code of ethics and bye-laws of the said Society, of which you are a member, by the publication of a pamphlet intended for popular reading, bearing date Quincy, Ill., 1871,

entitled 'A New Treatise on the Cause and Cure of Pulmonary Consumption and Kindred Diseases,' and likewise by the advertisements within said work and on its cover, and in the daily prints of this city.

"We accuse you, first, of violating the provisions of the code of ethics of the American Medical Association contained in art. 1, sec. 1 and 3, entitled 'The duties of physicians to each other and to the profession at large.'

"Second, with directly transgressing the bye-laws of the Quincy Medical Society, by the publication of advertisements in the daily prints of this city, as well as in said pamphlet. See p. 11, art. 17 of the bye-laws.

"You, Dr. J. F. McCormick, are hereby notified to appear at the next annual meeting of the Quincy Medical Society and answer to the above accusations, which will then be preferred against you, said meeting to be held at the office of Dr. A. Niles, on the 9th day of May next, at 2 o'clock P.M.

"SAMUEL A. AMERY.

ADDISON NILES.

"C. A. W. ZIMMERMANN, SEN.

P. A. MARKS.

"J. T. KINSLER.

WM. ZIMMERMAN."

"I do hereby certify that the above is a true copy of the charges presented against Dr. J. F. McCormick, and that a copy of said charges was personally given to him by myself, as the bye-laws direct, on the 13th day of April, 1871.

"ADDISON NILES, Secretary."

The accused failing to appear or to present to the Society any defence, or render any excuse for the neglect, the members present having examined the evidence adduced to sustain the charges proceeded to vote upon the question: Are the charges sustained by the evidence? The vote being taken every member present voted in the affirmative, excepting Dr. J. H. Reynolds, who declined to vote on account of unsettled business relations with the accused.

Dr. C. A. W. Zimmermann, Sen., then moved that Dr. J. F. McCormick be expelled from the Quincy Medical Society. The motion being seconded, was put by the President, and carried by an unanimous vote.

On motion, resolved that the Secretary be directed to notify the State Medical Society of the expulsion of Dr. J. F. McCormick, and likewise furnish the CHICAGO MEDICAL EXAMINER with an abstract of the proceedings of this meeting for publication.

ADDISON NILES, Secretary.

MILITARY TRACT MEDICAL ASSOCIATION.

The Sixth Annual Meeting of the Military Tract Medical Association was held in the Masonic Hall, at Galesburg, Tuesday, June 13th. M. Reece, of Abingdon, President, occupied the chair. Herbert Judd, of Galesburg, Secretary.

Forty members were present, representing eight counties. During the morning session the following new officers were elected:

President—S. P. Breed, of Princeton.

Vice-President—John M. Moose, of Galesburg.

Secretary and Treasurer—Herbert Judd, of Galesburg.

Board of Censors—J. K. Crawford, of Monmouth; M. Reece, Abingdon; Wm. Hamilton, Galesburg.

The address delivered by M. Reece, the retiring president, was voted to be spread upon the records.

The principal business was reports from the following standing committees.

Essayists—E. L. Phillips, Galesburg; M. A. McClelland, Knoxville.

Surgery—Wm. Hamilton, Galesburg; J. N. Todd, Kewanee; Geo. W. Crossley, Princeton.

Practice of Medicine—Hiram Nance, Kewanee; W. L. Cuthbert, Monmouth; John P. McClanahan, Norwood.

Materia Medica and Therapeutics—S. P. Breed, Princeton; H. Marshall, Monmouth; J. V. McCutchen, Norwood.

Obstetrics and Diseases of Women and Children—S. K. Crawford, Monmouth; W. D. Stirling, Ionia; John W. Hensley, Yates City.

Ophthalmology—L. S. Lambert, Galesburg.

The cases of surgery reported by Dr. Hamilton were interesting; one case, an amputation of the arm near the shoulder, in which one of the ligatures (silk) still remained, the operation being performed fifteen weeks since. In the discussion that followed, Dr. Hamilton, of Monmouth, recommended from his practice the silver wire ligature, cut off short and left in the stump. He had always had good results and healing by the first intention.

Upon the practice of medicine considerable matter of a general character was presented.

Dr. Wm. Byrns, of New Windsor, reported a man who took 200 grs. of powd. opium. He was some distance away, and when found was completely comatose. This case was successfully treated by emetics, strong coffee, cold affusion, and active motion of the patient.

President Breed read an extensive and valuable report upon therapeutics.

The Committee on Obstetrics reported several cases of difficult labor, one with a fatal result.

Dr. L. S. Lambert read a lengthy paper upon "Anomalies of Refraction." This paper, together with the various reports, were referred to the Committee on Publication. Under miscellaneous business considerable interesting matter was discussed. Drs. Nance, S. M. Hamilton, Webster, Cuthbert, and Hilbert, presented some new rules in regard to membership and dues, which were adopted by the Association.

Dr. A. V. F. Gilbert was appointed by the President as Committee upon Necrology. The deaths of Dr. H. C. Graham, of New Windsor, and Dr. Geo. Gillis, of North Prairie, were reported and referred to this committee.

The meeting was thoroughly business-like, and seemed profitable to all. Galesburg was voted as the place for the next meeting.

Upon the motion of Dr. Hiram Nance, the Association voted that the Secretary forward a report of this meeting to the *Chicago Medical Examiner* for publication. Dr. H. S. Hurd, of Galesburg, moved, which was voted that the report be also

forwarded to the *Chicago Medical Journal* for publication.

The Association then adjourned to meet at Galesburg the second Tuesday in January.

HERBERT JUDD, *Secretary.*

Clinical Reports.

CLINICAL CASES IN SURGICAL WARDS OF MERCY HOSPITAL.

Service of PROF. ANDREWS. From Notes by M.

CASE I.—TRAUMATIC TETANUS.—RECOVERY.—D. M., aged 36, occupation laborer, while working in a distillery on March 28th, 1871, had his right arm caught in a belt revolving at the rate of 180 revolutions per minute. The tissues of the arm were mutilated to a great extent, and a portion of the peripheral nerves badly lacerated. He was admitted to Mercy Hospital, March 29th, and was placed at rest with good diet, and tinct. ferri chloridi, gtts. 25, every two hours. On March 30th, indications of erysipelatous inflammation were noticed, with sloughing of a gangrenous nature. The patient was suffering greatly, and anodynes were freely given, the tr. iron being continued. Suppuration and sloughing from the wound continued copious until April 17th, when Prof. Andrews amputated the arm. *April 18th.* Tetanus supervened, involving the intercostal muscles of the right side, also of the neck, back, lower limbs, and face, so that he was unable to open the mouth, the muscles of the jaw feeling stiff and rigid. Sulph. quinia was administered freely, 8 grs. every hour, combined with anodynes. Up to April 21st, there was no improvement, the patient gradually failing in strength. Commenced giving tinct. Calabar bean in 10 gtt. doses every four hours alternately with sulph. quinia, 10 grs. *April 22d.* Increased the dose of the tinct. Calabar bean to 15 gtts. every two hours. On the 23d the dose was increased to 40 gtts.—patient slightly better. *April 24th.* Commenced giving the tinct. Calabar bean in tea-

spoonful doses every four hours alternately with sulph. quinia, 8 grs., and the treatment was thus *heroically* carried out until all rigidity of the muscles had disappeared. *May 10th.* Discontinued all treatment, patient able to walk about the wards.

Tinct. Calabar bean seems to possess the property of relaxing the muscular tissues and subduing the spasms that occur in tetanus.

CASE II.—LOCAL ERYSIPELAS (with remote syphilitic taint). Patient admitted April 10th. Face red, and much swollen; high fever, pulse 120 per minute; great prostration; had been sick for several days previous to admission. He was placed upon tinct. ferri chlorid., 25 gtts. every three hours, alternated with soda sulphite, 8 grs. To reduce the fever and rapidity of the circulation the following mixture was ordered:

R.	Tinct. verat. viride	-----	℥j.
	Camph. tinct. opii	-----	} āā ℥j℔.
	Nitrous ether	-----	

A teaspoonful to be given four times a day.

April 15th. Patient sitting up. Dropped the sedative fever mixture and substituted instead, on account of the syphilitic taint:

R.	Iod. potass	-----	℥iij.
	Fl. ext. conium	-----	℥j.
	Hydr. chlor.	-----	℥1 gr.
	Aqua et syrupus	-----	āā ℥j℔.

A teaspoonful to be taken after meals and at bedtime.

At the expiration of another week the patient was convalescent. *May 1st.* Discharged cured.

CASE III.—CARBOLATED CERATE DRESSING IN VARICOSE ULCER OF LEG.—B. F., aged 28, native of Scotland, has been troubled for 15 years with a chronic ulcer on the leg, and with varicose veins in both lower limbs. The ulcer was discharging freely at the time of his admission, May 13th. Prof. Andrews injected several of the varicose veins with tinct. ferri murias, and dressed the ulcer with an antiseptic ointment, composed of carbolic acid cryst., 10 grs., adepis, ℥j. The patient continued to improve from date of admission, with good diet,

liberal exercise in the fresh air, etc. *June 1st.* The discharge had entirely ceased from the ulcer, and the patient was discharged cured.

Selections.

WAR TYPHUS AND DYSENTERY.

BY RUDOLF VIRCHOW.

(Kriegstypus und Ruhr. Von R. Virchow. *Virchow's Archiv.* Bd. LII. S. 1. January 16, 1871.)

The January number of *Virchow's Archiv.* contains an essay by the editor, on the fever and dysentery of the German army in France last fall and winter. Aside from the fact that everything relating to this wonderful campaign is just now of interest, this paper contains so much matter for consideration that we have thought a rather full abstract of the contents would be acceptable.

The author begins by relating that at the commencement of the war a series of great and apparently decisive battles rapidly carried the victorious army into the interior of the enemy's country. Numerous dead and wounded were left behind, but the general health of the invaders remained good, until siege operations succeeded the battles in the open fields, and great numbers of men were shut up in Metz and Paris, by vast investing armies. Then pestilence broke out. First around Metz, where dysentery soon appeared, followed by typhus. The improvised hospitals in schools and halls, as well as the newly-built barracks, became encumbered with the sick, and endless railroad trains carried them to the rear. By the middle of October fifty thousand had been sent. The besieged, too, suffered greatly. When the fortress surrendered, twenty-five thousand sick and wounded were found.

The news from Paris at the time of writing was less detailed, but dysentery and typhus had already appeared.

These two chief war diseases, therefore, demand attention at the present time; and first, of typhus. Spotted typhus (the typhus of English and American writers) must be distinguished from abdominal typhus (the typhoid fever of English and American writers). The Napoleonic wars were followed by terrible epidemics of spotted typhus, but two generations sufficed

to throw the old knowledge into the background; and although in France, and especially in England and Ireland, repeated sad experiences maintained a knowledge of the distinction between the two forms, in Germany it became the general practice to call abdominal typhus shortly typhus, and to regard belief in any other form as a mere superstition. The hunger typhus in Upper Silesia first checked this error, the characteristic lesions of abdominal typhus being absent, and the Crimean war produced a general reaction of opinion. It was then clearly shown that petechial or spotted typhus was not merely the hunger epidemic, but the true prototype of field and camp typhus. Hence, when news of typhus first came from Metz, it was natural to fear the disease might be of this formidably contagious character.

But although on former occasions war typhus has generally been spotted typhus, yet this has been replaced by the abdominal form in certain epidemics, as, for example, in that of Mayence, 1813-14. In a little pamphlet, on his recent journey to Metz with a sanitary train of the Berlin Hülfsverein, Virchow stated abdominal typhus to be the prevailing form there. Later observations, especially since the surrender of Metz, have confirmed this opinion. At Giessen, it is true, a few cases, supposed to be spotted typhus, were reported among the female nurses; but abdominal typhus shows so many varieties, that we must be careful in judging with regard to single cases; and "especially the admixture of the malarial element, which has shown itself actively during this war by numerous cases of intermittent fever, confuses the picture of the so-called normal course of typhus in a manner which is sometimes quite deceptive."

Considerable confusion of ideas exists in certain quarters with regard to the eruption of spotted typhus. The name petechial typhus has led some to regard "true petechiæ" as the characteristic eruption. This word petechia, as used at present, has no longer the same meaning as when first introduced into scientific terminology by Fracastoro. The comparison with flea-bites, which gave origin to the name, readily led to confusion of ideas, for a recent flea-bite, in the midst of the little red spot due to capillary hyperæmia, presents a small, dark, central area of hemorrhage around the point of puncture. The first disappears after a few hours, the latter remains longer; so that a recent flea-bite resembles the spots of roseola, and this was the sense in which the name petechia was originally employed; an older flea-bite resembles the hemorrhagic spots called

petechiæ in modern times. These resemblances are so great that they may even complicate diagnosis; though the fact that roseola spots have not the central dot of hemorrhage seen in recent flea-bites, and that older ones are smaller and have more abrupt edges than is usual with petechiæ, will generally enable them to be distinguished.

During the seventeenth and eighteenth centuries, the notion that hemorrhagic spots were characteristic of typhus gained ground. They were supposed to be the expression of a putrid condition of the blood, and the name putrid fever was employed to designate all the forms of typhus. But, in fact, these hemorrhagic spots occur not only in both spotted and abdominal typhus, but also in numerous other diseases, and there is nothing either in their character or the time of their appearance which is significant for diagnosis.

The eruption of merely hyperæmic spots has much more diagnostic value. These may be scattered and isolated, in the form of roseola, or more numerous, larger and closer together, resembling measles, with which they may even be confounded. Virchow described this eruption in connection with the epidemic in Upper Silesia (*Virchow's Archiv.*, vol. ii., p. 187; vol. iii., p. 165), but protests, that with all his opportunities for the observation of fevers, he is unable to admit any such constant differences between the roseolar eruption of abdominal typhus and that of spotted typhus, as are laid down by many writers.

"In both cases we have essentially a roseolar exanthem, consisting of multiple spots of capillary hyperæmia in the skin, and not limited to the hair bulbs. At first the redness disappears entirely on pressure, but at a later period the color becomes darker, probably through a partial escape of the hæmatin of the blood-globules, and its imbibition by the tissues; it then no longer disappears under the pressure of the finger. In spotted typhus the exanthem is well marked and wide-spread. In connection with the diagnosis, I would expressly remark that in our recent epidemics I have often seen it on the face, even on the forehead, as well as on the palms of the hands and the soles of the feet, so that a limitation of the eruption to the trunk and the adjoining portions of the extremities cannot be regarded as a constant diagnostic mark from measles."

"In abdominal typhus the exanthem is usually less marked, the spots are scattered, and limited to certain regions, especially the upper portion of the abdomen and the lower part of the chest. But there are also unmistakable cases of abdominal typhus in which the exanthem is much more decided; the

single spots are then larger, more strongly colored, and spread more widely over the body. If we consider, finally, that it not unfrequently happens that in spotted typhus the exanthem is slight, and the spots scattered, it will be understood, in the first place, that both abdominal and spotted typhus are alike entitled to be considered as exanthematous diseases; and, in the second place, it will be seen that the exanthem alone, without taking the other symptoms into consideration, is not decisive, and cannot be strictly regarded as a pathognomonic symptom."

Virchow next mentions that some cases of recurrent fever have been reported among the German troops in France; states that though he has seen petechiæ, he has never seen a roseolar or measles-like eruption in this disease, and discusses at some length the question of the occurrence of recurrent fever during the hunger epidemic of 1847-8 in Upper Silesia.

He then proceeds to suggest, that as the pathological changes in the intestine and the mesenteric glands, which are characteristic of abdominal typhus, can only be distinguished with certainty after death, autopsies are always of great importance in deciding the character of any epidemic. This has been done during the present war in the cases of a number of soldiers who died after their return to Berlin. "Extensive medullary infiltration of the lymphatic apparatus of the ileum, and to some extent of the colon, ulcers, and cicatrices, were found. We have during life no indisputable signs of these alterations. The diarrhœa, and the development of gas in the intestines, are certainly noteworthy, especially when fluid and gas occur at the point chiefly affected, the lower ileum and the cœcum, developing the well-known ilco-cæcal gurgling. But this gurgling is not specific, and may occur in the same way in spotted typhus."

It is his opinion that the notion that the diarrhœa of abdominal typhus is chiefly dependent upon the formation of ulcers is erroneous. Both in this disease and in tubercular ulceration of the intestine, the diarrhœa is dependent upon the co-existent intestinal catarrh, traces of which are found in the autopsies far beyond the portions of the intestines which are ulcerated, and no connection can be shown to exist between the severity of the diarrhœa and the extent of the ulceration. In abdominal typhus, then, we must consider two independent affections. "The catarrhal affection of the mucous membrane, which often involves the whole small intestine as far as the stomach, and the progressive alteration of the lymphatic apparatus, which involves the solitary follicles and the patches of Peyer, as well as the mesenteric glands."

In the spotted typhus of Upper Silesia, Virchow observed in some cases severe intestinal catarrh, attended by simple swelling of the follicles. He has also observed diarrhœas of great severity in the recent epidemics of spotted typhus in Berlin. In some of these cases, the discharges were found to contain large quantities of well-preserved intestinal epithelium adhering in shreds, just as in cholera. In the cholera epidemic of 1866, the presence of epithelial cells in the discharges was questioned. Virchow, however, has seen them in great abundance in cholera (*Medicinische Reform*, 1848, p. 28), and explains their absence in many cases by supposing them to be decomposed in the large intestine, a circumstance which would be still more apt to occur in either abdominal or spotted typhus.

But not merely is it important to separate the question of the diarrhœa from that of ulceration; the ulceration itself is not to be looked upon as an invariable concomitant of abdominal typhus. Virchow mentioned, as early as 1848 (*Virchow's Archiv.*, vol. ii., p. 244), that "a resorption of the exudate in the stage of medullary infiltration is possible." He is now disposed to believe that resolution is the normal termination of the affection of the intestinal follicles in abdominal typhus, and that it is an error to suppose that ulceration is of regular or necessary occurrence.

Not as he thought in 1848, that we have to do with a simple exudation; he has since shown that the medullary infiltration of Peyer's patches, and the solitary follicles, consists from the first in an increasing number of lymph cells quite like the normal gland cells of the lymphatic apparatus. This accumulation of elements takes place at first in the follicles, afterwards in the tissues which surround them. The alteration is therefore quite similar to that which occurs in the mesenteric glands, where it has long been known that resolution takes place. The precise mechanism of the process of resolution is not fully made out. "Certainly, fatty metamorphosis may be observed, but it seldom obtains a considerable height, and it is therefore questionable, whether besides this change, or even without its occurrence, the swelling is not simply relieved by one cell after another being carried off in the lymph stream." But whatever the details, the process occurs in the glands of Peyer and the solitary follicles, as well as in the mesenteric glands.

If resolution does not take place, the medullary infiltration passes into the cheesy metamorphosis. The product is the well-known typhus slough, not an ulcer; the ulcer only originates on the separation of the slough. The typhus slough is originally

dry, firm, and of a yellowish-white color; but it rapidly alters, partly by decomposition, partly by the action of the intestinal contents. Bile pigment may tinge it yellowish or brownish; iron given as medicine may stain it black.

In the mesenteric glands, the formation of the typhus slough is rarer. When it occurs, the cheesy mass remains longer unaltered than in the intestinal follicles. The condition, in fact, resembles what may be seen in scrofulous or tubercular lymphatic glands. The whole gland does not usually become cheesy, and even in the more severe cases the process is usually limited to a few glands near the junction of the ileum with the cœcum. After a time, suppuration occurs around the slough, and a furuncle-like gland-abscess results, which may open into an adjacent knuckle of intestine, or may become encapsuled.

In the case of the intestinal follicles, the slough may be as extensive as the original medullary swelling, whether in the solitary glands or the patches of Peyer; but in the latter case the ulcers are usually smaller than the patch, so that there may only be one or several small ulcers in a single patch. In a general way it may be said, that the number and size of the patches in which the medullary swelling occurs, bear no proportion to the number and size of the ulcers. The ulcers are most frequent in the patches of the lower part of the ilium; but even these sometimes escape, and higher up the intestine this is still more frequent. If this is true even in fatal cases, may we not infer that in the non-fatal cases, especially in those in which speedy recovery takes place, resolution of all the patches frequently happens? Is it wise to assume that ulceration followed by cicatrization is the usual mode of cure? Autopsies of the so-called walking cases show that it would not always be safe to assume that no ulceration has taken place because the case appears to be mild; but is it not probable that the resolution which we know occurs in some patches in almost every case, more frequently occurs in all than has been hitherto believed?

At the seat of war there has been repeated mention of transitions between abdominal typhus and dysentery. Such expressions originate in a misunderstanding. We must not confound the names of diseases based on a clinical experience with those which are founded on pathological anatomy. Dysentery, like apoplexy and pertussis, is a clinical designation. It implies discharges from the bowels accompanied by tenesmus. It has been referred to inflammation of colon and rectum, but sometimes a large part of the ileum is involved also, and it is not every colitis or proctitis that is dysenteric.

Schönlein grouped dysentery with angina gangrenosa, croup, hospital gangrene, and septic metritis. Rokitsansky went so far as to speak of a puerperal uterine dysentery. Here we see anatomical notions confusing the clinical. Rokitsansky only meant that in these cases the lesion of the mucous membrane of the uterus was similar to that observed in the dysenteric intestine.

Virchow taught a long time ago that the intestinal lesion in dysentery was in many cases similar to that which Bretonneau called diphtheritis when the mucous membrane of the throat was affected, and that a similar process occurred also in cholera, as well as in the enteritis which sets in above intestinal strictures. Since then, many speak as if every dysentery were due to diphtheritic inflammation—as if diphtheritis of the colon or rectum was the correct anatomical expression for what the clinicists call dysentery. He protests that he feels free from the blame of having originated this error. In fact, he began his account of dysentery by stating (*Virchow's Archiv.*, vol. v., p. 348) that a catarrhal dysentery may, under certain influences, be aggravated into a diphtheritic dysentery. For simple catarrhal inflammation of the mucous membrane, often of great extent, occurs in dysentery as well as in typhus. In typhus it affects chiefly the small, in dysentery the large intestine.

The discharges produced by the dysenteric catarrh contain commonly, besides mere fluid matter, those thick glairy masses called mucous when they are transparent, croupous or fibrinous when they are opaque. This is the so-called "white dysentery;" in the "red dysentery" the discharges only differ by containing more or less blood. Both kinds of stools may occur without any ulceration or erosion of the mucous membrane, and the hemorrhage may be simply due to the rupture of congested capillary vessels during the spasmodic contractions of tenesmus. Hence, the amount of blood discharged is often closely related to the degree of tenesmus.

The subacute and chronic forms of catarrhal dysentery readily become complicated with follicular ulceration of the colon. Bamberger is right in distinguishing this form of ulcerative colitis from diphtheritic inflammation. But he shares an old error of the school of Prague when he speaks of the swollen follicles as exhibiting at times clear transparent contents, for such cysts, which belong only to the later stages of chronic dysentery, originate in the coalescence of the follicles of Liebkühn. They are described in Virchow's book on tumors (vol. i., p. 243.)

The primary lesion in the follicular ulceration of dysentery is the conversion of the solitary follicles into little abscesses; these on their rupture leave small cavities, which manifest a tendency to burrow, and thus to coalesce, forming often large ulcers, and sometimes causing the separation of portions of mucous membrane of considerable dimensions.

Bamberger adheres to another error of the school of Prague. He regards those little lumps in the stools, which resemble cooked sago or frogs'-eggs, as the secretion of the diseased solitary follicles. Virchow, however, has shown (*Virchow's Archiv.*, vol. v., p. 329) that the iodine reaction generally demonstrates these lumps to consist of undigested, starchy matters. Where they are truly mucous masses, however, they must proceed from the glands of Lieberkühn, not from the solitary follicles.

It must be added that follicular ulceration is not peculiar to dysentery; it occurs also in other forms of intestinal catarrh, as, for example, in that of phthisis.

We have next to consider the diphtheritic process already mentioned as occurring in dysentery. The pseudo-membranous patches are greyish-white, or grey if they occur on portions of the mucous membrane affected simply by catarrhal inflammation. If they occur on portions of mucous membrane into which hemorrhagic effusions have taken place they are brownish-red, blackish, or greenish-black. In either case they may be stained variously by the intestinal contents.

The diphtheritic layer may be superficial, or may extend deeply into the mucous membrane. Its depth will determine the depth of the subsequent ulcer. Ulceration is the constant result, the diphtheritic layer being separated as a slough by a suppurative process. These ulcers are unlike the follicular ulcers of catarrhal dysentery, and they do not burrow. Yet it is to be noted that the diphtheritic process sometimes involves the follicles, producing follicular ulcers, along with the diphtheritic destruction of tissue.

From the foregoing sketch it will be understood that we cannot substitute the anatomical designations of either of the above lesions for the clinical term dysentery, which is based on symptoms and etiology, and embraces both the catarrhal and the diphtheritic form. The former is the less severe variety, and it is probable that the diphtheritic process only sets in in portions of the mucous membrane which are already affected by catarrh. Moreover, simple catarrhal inflammation of some portion of the intestine always co-exists with diphtheritic altera-

tion of others. This is shown by the fact that the discharges from the bowels continue—for the diphtheritic patches secrete nothing, and only discharge a little pus after the sloughs begin to separate.

It will now be understood that there is no reason why abdominal typhus and dysentery may not co-exist in the same person; the diphtheritic form of dysentery is most apt to occur in such cases, just as diphtheritic sore throat sometimes sets in during abdominal typhus. In fact, all three processes may co-exist. Usually the dysenteric process sets in during the latter stages of abdominal typhus. Such cases are, however, comparatively rare, and Virchow declares he does not know of a single instance in which abdominal typhus has developed itself in a patient already suffering with dysentery.

He next proceeds to compare what he has learned of the fever and dysentery of the German armies in France with what occurred during the late war in America.

“It is worth while to state, in the interests of the comparative pathology of war epidemics, that the conditions observed in the present war approximate in many particulars those of the late American war. There also spotted typhus was almost never observed, and the reporter of the medical staff, Woodward, was even inclined to refer the few cases reported under this designation to inaccurate diagnosis. (*Outlines of the Chief Camp Diseases of the United States Armies, Philadelphia, 1863*, p. 153.) In his later report, which forms a part of the contents of the renowned Circular No. 6 of the Surgeon-General’s Office (p. 113), he admits a limited number of cases of true typhus, especially among prisoners of war. This number, however, was so small that Bartholow, who contributed the report on camp fevers in the medical section of the sanitary memoirs of the war of the rebellion, collected by the United States Sanitary Commission, expresses his opinion that it is questionable whether mere overcrowding and insufficient ventilation are sufficient in themselves to generate typhus. He insists particularly upon the absence of typhus in the notorious Andersonville prison. For the rest, cases of ‘spotted fever’ occurred, it is true, in many regions in America, but the report of Hunt (*Contributions*, p. 390) states that those were really cases of cerebrospinal meningitis.” While spotted typhus was rare, abdominal typhus and dysentery were wide-spread in the American army. In circular No. 6, the number of cases of abdominal typhus for the first year of the “war is reported as 21,977, with 5,608 deaths; the total being for the second year, 31,374 cases and

10,467 deaths; the total being 53,351 cases and 16,075 deaths. During the first year, 215,214 cases of acute and chronic diarrhoea and dysentery were reported, with 1,194 deaths. Since the limits between diarrhoea and dysentery cannot be very sharply drawn in medical reports made often from different points of view, and since it appears from the statements of American physicians, and particularly from the pathologico-anatomical reports of Woodward, that a large part of the cases of so-called diarrhoea were really dysenteries, we may assume that in spite of the enormous number of diarrhoea cases reported, dysentery was nevertheless an exceedingly prevalent affection. During the second year of the war the number of cases of diarrhoea and dysentery amounted to 510,461, with 10,366 deaths. The total for the two years was therefore 725,675 cases and 11,560 deaths. More than one-fourth of all the cases of sickness belonged to this category. On the other hand, the mortality from abdominal typhus was absolutely greater, although the number of cases was about fourteen times less."

"The secession war also showed a similarity to that of Germany with France, in the gradual manner in which abdominal typhus increased in frequency and severity. It is important to the future solution of etiological questions to draw the attention of physicians now to this agreement."

Next, with regard to the etiology of the diseases under consideration. Hippocrates has mentioned the prevalence of dysenteric diarrhoea and protracted quartan fevers during the summer. Observers of every age, especially in hot countries, have laid stress on the connection of dysentery and diarrhoea with malaria.

This has perhaps nowhere occurred to such an extent as in North America, where the medical historian of the war has even gone further, and established a special group of fevers, first described by Woodward (*Outlines*, p. 74) under the name of typho-malarial fever. But it seems to me that we should be very cautious in this direction. Certainly malaria, as I formerly mentioned, exercises a predisposing influence on the development of dysentery, since nearly all febrile conditions occurring in the warm or mild seasons, in swampy regions, or during the prevalence of intermittents, are complicated with "catarrhal affections of the mucous membrane of the intestines. But the determining must be distinguished from the predisposing influence. That mere exhalations from the soil—and as such malaria must be considered—are capable of generating dysentery or typhoid disease, is exceedingly questionable." (*Virchow's Archiv.*, vol. v., S. 354.)

More importance is attached by Virchow to the influence of impure drinking water in producing these disorders. His opinions as to its relations to typhus are given in a recent paper (*Virchow's Archiv.*, vol. xlv., p. 294). With regard to dysentery, too, it is important. In 1770, a hundred years ago, an epidemic of dysentery occurred in a regiment stationed at Metz, which was clearly traced to the use of water from wells contaminated by adjacent latrines (*Guilhaumon. La guerre et les epidemies*, p. 64). The Romans supplied Metz with pure water from a distance, by means of a great aqueduct, the ruins of which are still seen. A new aqueduct performing the same functions was interrupted during the recent siege by the German troops. The notion that the soil and water around Metz are favorable to the development of fever and dysentery is not without support from history.

Just before Metz was taken from Germany, in 1552, the Emperor Charles V. besieged the place with 80,000 men. During the months of November and December, a third of his army melted away, chiefly from dysentery, scurvy, hospital gangrene, and camp fever. In the city, things grew so bad that it was commonly supposed that the surgeons had poisoned the bandages, till Ambrose Paré, who visited both the imperial camp and the city, dissipated the suspicion. After the siege was raised, a terrible epidemic of typhus broke out in Metz, and devastated the already desolated valley of the Moselle, from Pont-à-Mousson to Thionville (*Guilhaumon*, loc. cit., p. 36).

Again, after the battle of Valmy, September 20, 1792, when the allied German armies retreated before the French, a very contagious epidemic of dysentery broke out among them, and involved also the French army and population. It was known as the "Courrée Prussienne." The retreat commenced in Champagne, and lasted twenty-two days. The first cases, however, filled the hospitals of Verdun and Longwy, not those of Metz. Typhus followed, but appeared first in the Department of the Mass, and the districts of the Moselle, the Meurthe, and the Ardennes; everywhere the hospitals were crowded. In the sequel, typhus prevailed for two years in Metz, 64,413 men being received into hospitals there; 4870 died.

But these accounts hardly furnish the details for an exact investigation into the causes of the pestilence. They show, however, that at least no one place can be held responsible for their origin, and this is doubtless one reason why some investigators give prominence rather to the supposed influence of season.

“Nearly all the epidemics of typhus in or near Metz commenced late in the summer or in the fall. Woodward (*Circular No. 6*, p. 112) mentions the ‘autumnal’ character of the North American camp fever, as a corroboration of his view of the prevalence of a malarial element among the causes; and diarrhœa and dysentery were so much more frequent in the Union armies during the summer and autumn, that the definite influence of the time of the year seemed indisputable. (*Circular No. 6*, p. 120.) In the present campaign the appearance of dysentery was not confined to any special malarial region. The first news of it came from Saar-rück. The hospitals of Saarlouis and along the line of railroad from Remilly soon filled, and the army was already suffering from dysentery when it came before Metz. After the disease made its appearance, contagion may have played a considerable part; but its first appearance must be referred to other circumstances. Nothing, then, is left, but to admit the effect of injurious alimentary and thermal conditions.”

Virchow then proceeds to sketch the irregular and often improper food and drink of the troops, their exposure to cold nights after hot days, to inclement weather without shelter, repose on the damp ground, and the like. But he suggests, that besides all such causes, some local influence, acting on particular parts of the intestines appears probable, and thinks this may perhaps be found in constipation with fœcal accumulations. He refers to the local diphtheritic processes, and the deep and numerous follicular ulcers often seen just above strictures of the intestines. Perhaps the ammonia evolved by the decomposition of the fœcal matters is the immediate irritant. (See *Virchow's Archiv.*, vol. v., p. 356.) In Bright's disease, where considerable quantities of urea occur in the intestinal secretions, and rapidly decompose, extensive intestinal diphtheritis is common. Ammoniacal decomposition of the urine is known to produce catarrh of the bladder, ureters, and pelves of the kidneys. In vesico-vaginal fistula, diphtheritis of the vagina is common.

He does not insist upon this view to the exclusion of all co-operating influences; malaria, bad water, the cachectic condition which the Americans name “the scorbutic taint”—doubtless all exert their influence—but he thinks it improbable that true dysentery ever arises, unless, besides these, either contagion or fœcal retention exists as the immediate cause.

In abdominal typhus, contagion is probably of less significance, but its possibility cannot be excluded. The contamination of

the soil by decomposing animal matters, and the emanation thence of a peculiar poison acting either through the air or the drinking water, is generally regarded as the cause. Overcrowding of habitations, deficient nourishment, season, place, etc., may co-operate, but are probably of secondary importance, though in a general way, whatever can evoke an intestinal catarrh may act as an accessory cause.

"The casual momenta are nowhere more readily brought together than in a besieging army, especially where the siege is of long duration. The scanty and irregular nourishment, the want of shelter, the exhausting service—above all, the uncleanness which necessarily increases from week to week, affect the besiegers much more severely than they do the besieged." It is not surprising, then, that this was the case at Metz in 1552 as well as in 1870. But in protracted sieges the condition of the besieged becomes the worse in the sequel, especially if the place is overcrowded, or occupies an unhealthy site. Under such circumstances devastating pestilences may break out, as happened at Dantzic, at Torgau, and at Saragossa.

So little is known positively about the causes of abdominal typhus, that our prophylaxis is uncertain. Among the *personnel* of three of the sanitary trains from Berlin to Metz, of which only Virchow knew the particulars, cases of abdominal typhus of a severe form occurred. The circumstances are recounted in detail, and the conclusion drawn that they warrant the inference of contagion.

The influence of contagion in the production of spotted typhus and of recurrent fever is clearer. Every time these diseases have become epidemic in Berlin, of late years, they appear to have been imported from the provinces, and the circumstances have not been such as to show clearly the influence of either famine or overcrowding, while they have rendered contagion highly probable. It is true that typhus has often occurred in prisons and fortresses; but the case of Andersonville shows that we must not reason too hastily with regard to such instances. Moreover, in the majority of those cases in which war typhus has occurred in camps and fortresses on the continent of Europe, it can be traced directly to contagion, and overcrowding has served rather to favor the spread of the poison than to originate it.

It can no longer be disputed, at the present time, that the Slavonic countries are the ever-overflowing source of spotted typhus, as they are also of the rinderpest. This is the secret of the supposed intimate connection between the two diseases. The present war has disabused our minds with regard to such a

supposition. The rinderpest was carried everywhere by the cattle brought for the army from Podolia and Galicia; it spread through Pomerania and Mecklenburg, through Mark and Saxony, until it reached France. Yet there has been no appreciable number of cases of spotted typhus. On the other hand, in modern times spotted typhus has followed every army which has moved out of the east into Central Europe. The severest epidemic which has recently visited Germany was brought with the French army in its retreat from Russia; the next pestilence of the sort which attacked a French army occurred, when on the soil of the Crimea they came into new contact with Slavonic troops. The hunger pestilence of Upper Silesia in 1848, and of East Prussia in 1868, stood related in many respects to Slavonic populations. Even in our province of Posen, there have been since 1828 a number of small epidemics of recurrent fever and spotted typhus. "Poland appears to have as dangerous a significance for us as Ireland for Great Britain; and much as I was formerly opposed to admitting contagion as the common means of the development of typhus-epidemics, I must confess that, like so many earlier observers, continued experience impels me more and more to go over to the camp of the contagionists."

The paper closes with the hope that the war may find scientific and well-instructed historians. "Every war is a heavy evil, and the real gain lies often enough in a very different direction from material acquisitions."—*New York Medical Record*.

Editorial.

GRADED CLASSES AND CONSECUTIVE STUDY IN THE MEDICAL COLLEGES.—On another page will be found a notice of an important change in the plan of instruction in the Medical Department of Harvard University, at Boston. It is the leading medical school in the New England States, and its adoption of the graded class system will have much influence in furthering a very desirable change in the medical colleges generally.

We are glad to see that most of the medical journals notice and commend the movement in the Boston School. Some of them, however, accompany their notices with very singular

comments. For instance, the editor of the *New York Medical Record*, in his June number, alluding to the division of the curriculum and the gradation of the classes, says: "It strikes us that the promises for the success of such a feature in college instruction are sufficiently good to invite a fair trial. *The initiative has, in fact, been already taken. The Woman's Medical College of this city, as we are at present informed, has the credit of being the pioneer in such a movement. For a year or more, it has so arranged the plan of instruction as to secure a gradation of studies through three years of the student's course. The class in attendance is divided into three grades, corresponding respectively to the three years of study. An examination is held at the end of each term for promotion.*"—(See *N. Y. Medical Record*, p. 158).—We have many times been reminded that a large part of the people in the Atlantic cities have no knowledge of any country or people west of the Alleghany Mountains. We did not suspect, however, that the intelligent editor of the *Medical Record* belonged to that class, until we read the editorial from which the above paragraph is quoted.

But his representation of the Woman's Medical College in New York as the *pioneer* institution adopting, and the republication of his own advocacy of the policy five years since as evidence of his early sanction of, the plan, clearly shows that if he is not entirely ignorant of the fact that there is an inhabited country west of the Alleghany range, and a little town of 300,000 located near the south end of a small pond known as Lake Michigan; he is at least oblivious to the fact, that so early as the fall of 1859, a Medical College was organized and put into active operation in the city of Chicago, for the express purpose of establishing the system of medical college instruction on a broader and more systematic basis.

Said college adopted at the beginning a full curriculum of branches, divided it into two groups, and the students into two classes—called junior and senior—with full examinations at the end of each term. It also adopted a regular college term of five months, with a supplementary summer clinical term of four months.

After a few years, when the success of the undertaking had been fully established by a steadily increasing patronage, it adopted, in 1868, the full division of its curriculum into three series of branches, and its students into three classes—junior, middle, and senior—corresponding to the three years of study; extended its regular lecture term to five and a-half months, with a supplementary summer clinical term of three months; and has so continued to the present time. Two years since, a new medical school was organized in St. Louis—another little town, on the river known to minute geographers as the Mississippi—which fully adopted the system of graded classes and consecutive teaching. For further information on the subject, we would refer our respected Eastern co-temporary to the Annual Announcement of the Chicago Medical College, and a book published some fifteen or twenty years since, entitled, “History of Medical Education and Institutions in the United States.”

IMPOSITION.—Some scalawag, calling himself “Dr. H. F. Adams,” appears to be perambulating about in Kansas, distributing handbills containing the following certificate, which is a barefaced forgery from beginning to end:

“We, the undersigned, physicians, of the State of Illinois, who are personally acquainted with DR. H. F. ADAMS, of Chicago, Ill., can heartily and cheerfully recommend him as one of the most bold and successful surgical operators in the northwest. And we also know him to be a regular GRADUATE of Medicine and Surgery, of the College of Physicians and Surgeons, of New York City, as well as the University of Edinburgh, Scotland. The Doctor is worthy the public confidence generally.

Professor N. S. DAVIS, M.D., Chicago.

“ ORRIN SMITH, M.D., “

“ ADAMS ALLEN, M.D., “

J. B. GALLER, M.D., Warren, Illinois.

E. T. ALLEN, M.D., Alton, “

O. M. POND, M.D., Camp Point, Illinois.”

We have received several copies from different parties. Some darkey should be hired to coat the fellow with tar, and give him a ride on a hemlock rail.

WISCONSIN STATE MEDICAL SOCIETY.—The Twenty-fifth Annual Session of the Wisconsin State Medical Society will be held in Bowman's Hall, in the city of Milwaukee, commencing on Wednesday, the 21st day of June prox., at seven o'clock P.M.

A NOTE OF PROGRESS.—The medical department of Harvard University at Boston, Mass., has become one of the largest medical schools in the country. We are gratified to find that its large and able faculty is not satisfied to settle down in the old beaten path of cramming all branches of medical science into the minds of first and third course students alike, but that it has adopted the system so long advocated by Dr. N. S. Davis, of Chicago, and adopted several years ago in the Chicago Medical College, of dividing the studies into three courses, one for each of the years required by custom in this country for attendance on medical lectures. The following is the curriculum of study adopted by the faculty:

For the first year—Anatomy, Physiology, and general Chemistry.

For the second year—Medical Chemistry, Materia Medica, Pathological Anatomy, Theory and Practice of Medicine, Clinical Medicine, Surgery and Clinical Surgery.

For the third year—Pathological Anatomy, Therapeutics, Obstetrics, Theory and Practice of Medicine, Clinical Medicine, Surgery and Clinical Surgery.

The advantages to the student of this plan of division of studies are self-evident, and it is to be hoped that other medical schools throughout the country will adopt the principle.

With the adoption of this principle in medical education must ultimately come the lengthening of the course of study. Three years do not give sufficient time for a thorough acquirement of even the theoretical part of medical knowledge, while much time should be devoted to witnessing and engaging in the practical application of this knowledge at the bedside of the sick, before the student enters upon the duties of a general practitioner of medicine.

This action of the medical department of Harvard University is the most hopeful sign of medical progress that has appeared for many years, and it should popularize this school with medical students.—*Philadelphia Medical and Surgical Reporter.*

CLINICAL SURGERY IN THE ROYAL GLASGOW INFIRMARY.—Dr. George Buchanan, in the year 1870, treated 499 cases of fracture and other surgical injuries, and of these 470 were dismissed, cured or relieved, and 29 died; giving a mortality of $5\frac{1}{4}$ per cent., which is a very small proportion, considering the nature of the injuries under treatment. They included 136 cases of fracture of various bones, both simple and compound, of which no less than 29 were of the thigh. Amongst the principal cases of operations were 9 cases of amputation of the thigh, 2 primary for injury, and 7 for disease—all successful. Such a result is most remarkable, and Dr. Buchanan states that he never met with the like success before. One lateral half of the tongue was excised in two cases, each of which made a good recovery. All the compound fractures were treated, as nearly as circumstances permitted, on the antiseptic principle; and there is no doubt that some were converted into simple fractures, with a celerity that could not have been achieved by any other plan. For treatment of compound fractures of the thigh and leg, Dr. Buchanan prefers the box splint, reaching from the buttock to beyond the foot, with foot-piece and hole for the heel. On the out or inside, as the wound is situated, is a slide splint fixed to a back one, or if there are wounds on both sides, the splint is made with a folding-door on each side, for changing the dressings. It is padded with well-carded oakum, which is antiseptic in itself—the fresh tarry smell being grateful to the patient, and the looseness of the material absorbs the discharge with great facility.—*The Doctor.*

ACUTE SYNOVITIS—INCISION INTO THE JOINT.—Mr. J. R. Jessop, F.R.C.S., in a lecture published by the *British Medical Journal*, states that he lately successfully followed Professor Lister's plan, and incised into the knee-joint of a patient aged twenty years, who suffered from acute synovitis, after the ordinary treatment in such cases had been tried, *i.e.*, rest, leeches, ice, evaporating lotions, salines, etc. Mr. Jessop made an opening into the joint, and in the axis of the thigh, commencing one inch above the patella, the opening was an inch long, but had to be enlarged to one and a-half inches to allow flakes of lymph to pass through, which were suspended in from eight to ten ounces of clear fluid. From the time the incision was made, the excruciating pain ceased, the fever disappeared, the swelling never returned, and the patient was sent from the Leeds Infirmary to a convalescent hospital, with a movable painless joint, within a month from the time of the operation.—*The Doctor.*

MORTALITY FOR THE MONTH OF MAY, 1871.

Accidents, burns -----	2	Diphtheria -----	10	Laryngitis -----	2
“ brain compression -----	3	Diarrhoea -----	3	Liver and stomach, ob-	
“ crushed -----	4	“ chronic -----	2	duration of -----	1
“ drowned -----	10	Diarrhoea & complica-		Lungs, congestion of -----	6
“ fall -----	5	tions -----	3	Manslaughter -----	2
“ run over by team -----	2	Dropsy, general -----	5	Measles -----	22
“ steam railroad cars -----	3	“ of abdomen -----	1	“ and complications -----	19
“ scalded -----	1	“ of chest -----	1	Meningitis -----	6
Aneurism of aorta -----	1	“ & cirrhosis of liver -----	1	“ cerebro-spinal -----	5
Apoplexy -----	7	Dysentery -----	7	Metritis, puerperal -----	1
Asphyxia -----	1	“ acute -----	1	Myelitis -----	1
Atelectasis pulmonum -----	1	Empyema -----	1	Old age -----	11
Births, premature -----	11	Enteritis -----	9	Paralysis -----	3
“ still -----	48	Erysipelas -----	3	Peritonitis -----	2
Brain, compression of -----	1	Fever, puerperal -----	3	“ puerperal -----	2
“ congestion of -----	4	“ remittent -----	1	Pneumonia -----	36
“ inflammation of -----	9	“ and rupture of -----	1	“ broncho -----	2
“ softening of -----	1	bloodvessel -----	1	“ and complications -----	3
Bronchitis -----	12	“ scarlet -----	6	“ typhoid -----	2
“ capillary -----	5	“ “ & complicat's -----	3	Pyæmia -----	3
Cachexia -----	1	“ “ malignant -----	2	Purpura -----	1
Cancer of neck -----	1	“ typhoid -----	10	Rheumatism, acute -----	3
“ of stomach -----	3	Gangrene of arm -----	1	Scrofula -----	1
“ of uterus -----	1	Gastritis -----	4	Septicæmia -----	1
Cerebral abscess -----	1	“ and hypatitis -----	1	Small-pox -----	1
Chronic nervous pros-		Gastro-enteritis -----	1	Spine, injury of -----	1
tration -----	1	Hamatemesis -----	1	Spina bifida -----	1
Cholera infantum -----	5	Hemorrhage from nose -----	2	Stomach, hemorrhage of -----	1
“ morbus -----	1	Heart disease -----	7	Suicide by shooting -----	3
Consumption -----	51	“ dropsy of -----	2	“ by drowning -----	1
Convulsions -----	49	“ & liver disease of -----	1	“ by hanging -----	1
“ puerperal -----	3	“ hypertrophy of -----	3	“ by morphia -----	1
“ uræmic -----	1	“ rheumatism of -----	2	Tabes mesenterica -----	11
Croup -----	8	“ valvular disease of -----	7	Teething -----	1
“ diphtheritic -----	1	“ clot, result of rheu-		“ and complications -----	8
“ membranous -----	5	matic fever -----	1	Uterus, hemorrhage of -----	2
Cyanosis -----	2	Hepatitis -----	2	Whooping-cough -----	3
Cynanche maligna -----	1	“ chronic -----	1	“ and complications -----	3
“ trachealis -----	1	Hydrocephalus -----	16		
Cystitis, chronic -----	1	Inanition -----	13	Total -----	525
Debility, general -----	3	Kidneys, Bright's dis-			
Delirium tremens -----	1	ease of -----	1		

AGES.

Under 1 -----	156	20 to 30 -----	40	90 to 100 -----	1
1 to 2 -----	62	30 to 40 -----	42	100 to 101 -----	1
2 to 3 -----	29	40 to 50 -----	30	Unknown -----	1
3 to 4 -----	20	50 to 60 -----	25		
4 to 5 -----	17	60 to 70 -----	23	Total, -----	525
5 to 10 -----	27	70 to 80 -----	10		
10 to 20 -----	33	80 to 90 -----	8		
Males, -----	288	Single, -----	382	White, -----	517
Females, -----	237	Married -----	143	Colored, -----	8
Total, -----	525	Total, -----	525	Total, -----	525

COMPARISON.

Deaths in May, 1871,--	525	Deaths in May, 1870,---	436	Increase,----	89
Deaths in April, 1871,-----	423	Increase,-----			102

NATIVITY.

Austria -----	1	England -----	6	New Brunswick ----	0
Bohemia -----	8	France -----	0	Norway -----	9
Canada -----	5	Germany -----	70	Nova Scotia -----	1
Chicago, Native ----	66	Holland -----	0	Switzerland -----	0
Chicago, Foreign ----	212	Ireland -----	50	Scotland, -----	6
U. S., other parts ----	75	Italy -----	0	Sweden -----	10
Denmark -----	2	New Foundland ----	2	Unknown -----	2
				Total, -----	525

MORTALITY BY WARDS FOR THE MONTH.

Wards.	Mortality.	Pop. in 1870.	One death in	Mortality.	
1---	8	6,531	816	Accidents -----	30
2---	14	14,338	1023	Bridewell -----	1
3---	31	16,805	548	County Hospital -----	12
4---	11	12,178	1107	Foundling Home -----	4
5---	14	11,605	829	Home for Friendless -----	1
6---	30	19,486	649	Hospital Alexian Brothers -----	2
7---	27	13,849	513	Immigrants -----	1
8---	53	22,994	442	Jewish Hospital -----	1
9---	47	27,278	580	Marine Hospital -----	1
10---	19	13,750	724	Mercy Hospital -----	2
11---	22	14,988	681	Manslaughter -----	2
12---	17	13,976	887	St. Luke's Hospital -----	1
13---	7	8,943	1277	St. Joseph Orphan Asylum -----	10
14---	9	9,076	1007	Scammon Hospital -----	1
15---	52	20,382	390	Suicide -----	6
16---	20	13,975	698		
17---	25	17,118	685	Total -----	525
18---	26	17,069	683		
19---	9	8,738	971		
20---	9	13,628	1514		

Mean Thermometer for month, 61°; Rain, 3,550 inches; Deaths daily, 16½.

It will be seen from the foregoing table that there is an increase by nearly all diseases, compared with the month of April, and that the infantile diseases incident to summer have already made their appearance. This arises from various causes, such as increase and change of temperature, greater rainfall, and difference in the direction and activity of the wind. In April, the prevailing wind was from the southwest; this month it was from the northeast. The effect of this change is observed in the fact that there is not much increase in the number of deaths in the wards lying in the north side and the Lake, while more than one-half (57) occurs in the 5th, 6th, 7th, and 8th wards, comprising the extreme southwestern part of the city, with a population of about one-sixth of the whole. No doubt the want of drainage, character of population, and the conditions surrounding them, had some influence, but not sufficient to cause such a great difference. Compared with the corresponding month of 1870, there is a decided increase, greater than the increase of population proportionately. In judging, however, of this fact, it is necessary to bear in mind that to May 1st, 184 less deaths occurred than for the same period in 1870, so that even with this increase we have had 83 less deaths than last year. There has, however, so far this year, been a less marked epidemic tendency than last. The month of May generally is one of the healthiest. In 1866 there were 275

deaths; 1867, 241; 1868, 321; 1869, 372; 1870, 436; and this year, 525. The mean temperature in 1866 was 58; 1867, 51; 1868, 55; 1869, 54; 1870, 65; and 1871, 61°. It will be seen that the mean daily temperature for the last two years has been unusually high, and with a corresponding increase in the number of deaths. While the mean daily temperature has not been as high as last year, the range of the thermometer has been 8° greater, with rainfall of nearly three inches more.

The general sanitary condition of the city was not as good as last year. This was owing to various causes, such as the increase of rain, making it impossible in certain localities to do anything, and the near approach to the completion of the deepening of the canal prevented the pumping of the Chicago River, lest it should interfere with the work, thus causing the offensive exhalations of the Chicago River to be longer continued than usual.

JOHN H. RAUCH, Sanitary Superintendent.

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Original Contributions.

POLYPUS OF THE ŒSOPHAGUS.

By J. T. EVERETT, A.M., M.D., Sterling, Illinois.

Mrs. G., Irish, aged 40, married, mother of one child, who is now 18 years of age. Was called to see Mrs. G. April 5th, 1871, at 2.30 P.M. Elicited the following previous history of her case:

Patient had been troubled for five years with a sense of some foreign substance in the throat. Had been treated for cancer, consumption, tapeworm, etc., by both quack and regular. Her general health had been gradually failing. Was taken about a week before I called with severe dyspepsia, nausea, apyrexia, cephalalgia, and cough. Found patient in low typhoid condition, extremities cold, radial pulse, at times imperceptible; circulation weak and deficient. Cerebral functions impaired; bowels had not moved for five days; had slept none for seven days (so the friends affirmed); respiration short and labored, 24 per minute; pulse 115; temperature of axilla, 98.5°. After a careful study of the case I could not agree with the previous diagnoses. There was not the cachectic appearance of carcinoma, neither had there been the sharp pain felt in cancer. There

were none of the symptoms of tapeworm, and the patient had had poor appetite for years. Percussion and auscultation showed both lungs quite sound, and an entire absence of signs indicating the other troubles, led me to diagnose the case as above.

From the typhoid condition of the patient there was evidently some morbid principle in the blood, but from what source? The patient, it is true, lived in rather an unhealthy locality, but the previous history of the case showed it was not simple typhoid fever. I therefore reasoned that from want of nutrition, or some other occult cause, the polypus was suffering softening and disintegration, and that the decaying matter passing down into the stomach, and being absorbed into the circulation, was producing its noxious effects upon the system. This theory and the diagnosis of the case was rendered certain by the subsequent ejection from the stomach of pus, shreds of fibrous tissue, and a large portion of the polypus entire.

The indications then for treatment were: To re-establish circulation, to allay vomiting, to procure sleep, to stop the cough, and to move the bowels. To effect the first indication I ordered:

R. Tinct. veratrum viride.....3℥.
 Tinct. nux vomica3j.
 Syrup simp.3ij.

M.S. Teaspoonful once in four hours.

To allay the vomiting I ordered:

R. Tinct. ferri chloride3ij.
 Potassa chlorate3ij.
 Carbolic acid.....6 grs.
 Syrup simple3ij.

M.S. Teaspoonful once in four hours, alternating with No. 1.

April 6th, 10 A.M. Patient conscious; feet and hands warm; pulse soft, 100 per minute; temperature, 99.5°; respiration, 18; skin dry and hot; no appetite. Patient has had no rest; no movement of bowels; vomiting less frequently. Ordered:

R. Tr. Ferri chloride.....	ʒij.
Quinia sulph.	grs. 20.
Strychnia	grs. j.
Syrup simple	ʒij.

Sig. in place of No. 1. To procure sleep, gave chloral, grs. 10, every hour for six hours.

5.30 P.M. Vomiting nearly ceased; patient easier. To allay cough, ordered:

R. Ammonia chloride.....	ʒij.
Morphia sulphate	grs. iij.
Anti. et potass. tart.....	” ij.
Syrup glycyrrhiza	ʒij.

M. S. Teaspoonful once in four hours. Ordered chloral grs. 30.

April 7th, 10 A.M. Vomiting less frequently; cough less troublesome; slept well. Nurse showed me a piece of fleshy substance which patient had vomited, which examination proved to be the offending polypus.

April 7th, 4.30 P.M. Patient feels easier; has not vomited since morning. Cough much abated; respiration normal; pulse 60. Ordered:

R. Quinia sulph.....	grs. 30.
Strychnia	” j.
Aqua camph.	ʒj.
Syrup simp.	ʒij.

M. S. Teaspoonful three times daily.

April 8th, 10 A.M. Found patient unconscious, apparently in state of collapse; muscles relaxed; cold perspiration over whole body; no pain; no vomiting; no cough. Nurse said last medicine seemed to distress patient. Called for bottle to see what was the matter. Found a white flocculent matter in a milky-looking fluid; concluded there was too much camphor. Ordered ammonia carbonate, grs. ij., once in twenty minutes, until reaction took place. Took bottle to office, and on analyzing, found that each teaspoonful contained about 6 grs. gum camphor.

12.30 P.M. Patient conscious, but hardly rallied. Continued ammonia carbonate.

April 8th. Went to drug store, and found that clerk had used spts. camph. instead of aqua.

April 9th, 10 A.M. Patient fully rallied, but weak and faint; rested well; skin moist; pulse 70; respiration normal; temperature 100°. Injection this morning produced free evacuation.

5.30 P.M. Patient rested well; took beef tea; vomiting entirely ceased.

April 10th. Patient chilly, with sense of gastric oppression. Begged hard for an emetic; gave syrup ipecac, ʒj. Free emesis of large quantity of ropy mucus, with fibrous shreds and pieces of fleshy substance.

From this time on patient made rapid recovery, and called at office to-day to pay bill (May 15th), and say she was well.

AN UNIQUE CASE OF CANCER.

By N. BRIDGE, M.D., Chicago.

[Read before the Chicago Medical Society, July 31, 1871.]

The following case is submitted as being unusual, and hence instructive, as perhaps throwing some light on the possible influencing of cancers by medicines.

Mrs. Alice A. S., aged about 65 years, short and slender, had been through life usually healthy; had borne nine children, and was always active and given to work.

In June, 1864, after it had been a year in developing, she had a scirrhus cancer, as diagnosed by Dr. D. Brainard, removed from the left breast, at the hands of that surgeon. From this she soon recovered and enjoyed tolerable health, until about two and a-half years ago—except that she had cataract in both eyes, beginning five or six years ago,—when she began to notice a reappearance of the disease in the left breast, or that part of it unremoved; soon after, a tumor was noticed in the right breast. The growths did not develop rapidly, and she submitted herself to treatment by a “cancer doctor,” in June, 1869; this man soon died, and she went to New Jersey to another charlatan,

whose treatment was similar to the first, remaining under his care until she lost all hope of recovery, when, in December, 1869, she returned to Chicago. Although not then a great sufferer, she had been for some months getting "short of breath," especially on any exercise. This steadily grew worse until by the 15th of March, 1870, when I was first called, she found considerable difficulty in breathing and breathed very rapidly; she had pain in the precordium, and some pain and uneasiness in the stomach, and annoying eructions of gas after eating. The appetite was impaired; the bowels moved regularly; she had pains, some discribed as "shooting" through the chest. The cancerous cachexia was well marked.

On auscultation and percussion the right lung appeared to be, through its lower half, mostly solidified; there was almost complete dulness over this space, and coarse ronchi and bronchial breathing only could be heard. There was evident effusion into the plural cavity, but its quantity was small, and it reached not more than to the middle third of the lung, as the body was erect. In the upper half, there was coarse rales and ronchi, and exaggerated lung sound.

Both resonance and respiratory murmur were increased over the left side. The pulse was about 85, and respiration 25, when at perfect rest. At this time the tumor in the right breast was large, the nipple was retracted, axillary glands swollen, and all the signs of rapidly growing scirrhus were evident in both this and the remaining portion of the left breast.

The patient was ordered, for its effect on the stomach and to test its possible effect on the cancer, one grain of carbolic acid daily, in divided doses. A tonic was given of elixir of calisaya and iron, with quinine added, so that two or three grains of the latter would be taken daily. An anodyne of opium was ordered for each night.

The stomach symptoms soon abated, the breathing became easier, and in a few days the appetite was much improved. But in two weeks the strength began to fail, the breathing to be more rapid and difficult. The patient continued to sink until the beginning of May, when I left town for a vacation. At

this time she was obliged to keep her bed most of the time ; the appetite was entirely lost. Physical exploration demonstrated the rapid increase of the solidification of the right lung. Dr. J. P. Ross, whom I asked to see the case with me, concurred in this conclusion.

Once, about a month after treatment was begun, severe neuralgic pains in the vulva, mouth of urethra, and in adjacent parts, were set up, which were erratic ; they would attack her in an instant, like an electric shock, and as quickly depart. Carbolic acid, morphine, and olive oil, applied externally, gave relief.

Up to the time of my departure, no change was made in the general medication.

On the last of April, the respiration was 32, and the pulse 100.

On returning, June 6th, patient was found better ; pulse 96, respiration 30 ; a little appetite. The local neuralgia was worse ; use was made of the former mixture with little effect. Various local anodynes were employed, and finally, with best effect, an ointment of equal parts extracts of aconite, belladonna, cannabis indica, and hyoseyamus. The opium given internally was increased.

The right side of the chest was almost entirely solid to auscultation and percussion ; on that side there was no motion of the chest in respiration. The tumors in the breasts had ceased to grow. The tonic and carbolic acid treatment was from this time kept up with little change, save a decrease in the carbolic acid, the patient remaining about the same and failing hardly at all, until the 3rd of March, 1871, when she began to fall away rapidly. Breathing became oppressive, pain and restlessness increased. The opiate was increased, and in a few days she was better. The tonic medicine was stopped, and pills of strychnia of 1-10 grain each were given, one each day, with, in two weeks, very good effect.

On April 16th, the œdema, which had existed in the lower limbs for a number of weeks, was noticed to be worse, and worse in the left than the right limb. The pulse was 85, and respira-

tion 25 per minute. The tumor in the right breast had decreased to not more than one-sixth its former size, and was flat and hard, and the nipple had shriveled up and dropped off, leaving no ulcer. The tumor in the left side had proportionately decreased. Pain in both breasts had been absent many months.

For three weeks before death the patient had been troubled with nausea, and had complained that her food only went down as far as the middle of the sternum.

She steadily grew weak, and died on the 16th of June.

A *post mortem* examination was made twenty hours after death. The pleura lining the right lung cavity was found very much thickened, the mediastinal and diaphragmatic portions being much more thickened than that attached to the ribs; the former, in places, was over a quarter of an inch thick, and was as dense and resisting as thick leather; the increase in the structure beneath the lung was partly of the diaphragm, this structure being hypertrophied as far as the œsophagus, and constricting somewhat the calibre of that tube.

The plural cavity was filled with a brownish limpid fluid; the lung was contracted to the size of a child's fist, and was drawn up near the clavicle; its pleural covering was somewhat thickened, light colored, and indurated. The lung itself was dense and black; it contained a few cancerous masses, but most of its substance was solid, simply from the pressure evidently made upon it. The larger bronchial tubes only extended, patulous, into the lung, and these but for a short distance; they were through the rest of their extent, collapsed by the outside pressure. There was no bulging of the right pleural sac, in any direction, and, on emptying it, there was no disposition to collapse.

The left lung was pathological only in having a large pigmentary deposit; it was of the normal size and had no deposits of cancer or tubercle.

The liver was light colored, mottled and fatty, but not enlarged. The pancreas was enlarged, abnormally lobulated and fatty.

The mucous membrane of the stomach was slightly softened, but not cancerous; neither was the œsophagus.

On microscopical examination—in which the skill and experience of Dr. I. N. Danforth were invoked to aid me—the thickened pleura was found to be cancerous, made up of dense fibres and thickets of scirrhus cells. Abundant cancer cells were found in the liver, but none in the pancreas.

The shriveled tumor in the right breast gives the microscopic characteristics of cancer.

This case seems to me peculiar in several particulars.

It exhibits a scirrhus tumor of the breast, which, after growing rapidly for months, and giving all the signs, in size, hardness, retraction of nipple, and the like, to indicate a probable early breaking down in ulceration, begins to decrease in size soon after treatment is commenced, and in fifteen months has shriveled to an insignificant mass. In the tumor too, the pains entirely disappear when the size begins to decrease.

We see here too, the secondary deposit of cancer mainly in the pleura, and tissues beneath it, the cavity of which is filled with fluid, insomuch, that, with the aid of a slight contraction and thickening of the pleura pulmonalis, the lung is squeezed—so far as concerns its functions—literally out of existence; so that, in opening the cavity, the doctors exclaim that the lung has disappeared, and only after some hunting it is found; on section, its appearance is as though a lung full of black pigment were squeezed in a vice.

Moreover, the patient, six weeks after beginning treatment, ceases to lose strength, and is kept, for a year, from failing.

This curious behavior of the case occurs when carbolic acid is being regularly taken; the present discussion of the effect of this agent on cancer makes this an important consideration in the case.

This patient took, during the last fifteen months of her life, not far from 300 grs. of carbolic acid. Did it have any effect on the disease, or would this have run the course it did without it?

There are but few cases on record where a scirrhus breast,

after attaining any size, ever became shriveled and indurated spontaneously. Errichsen refers to the fact, but in such a way, as to leave us in doubt whether he means a case of this sort, or one where the tumor is always small and hard, and not a large mass grown small.

In Holmes, the spontaneous reduction in size, of a cirrhus tumor, is recorded as a fact, albeit of very rare occurrence.

In view of the accumulating testimony to the efficacy, or the "seeming" efficacy of carbolic acid in cancer, if in this case it did not influence the course of the disease, then it is a remarkable coincidence.

While there is no sufficient ground for asserting positively that it did effect the cancer, the case certainly helps to warrant us in testing further its power in this disease.

CASES OF DYSENTERY, COMPLICATED WITH MALARIOUS FEVER.—STRYCHNIA AS ONE OF THE REMEDIES, &c.

BY N. S. DAVIS, M.D., Chicago, Ill.

[Read to the Chicago Medical Society, July 24th, 1871.]

As early as the middle of June, a severe form of dysentery began to prevail in a neighborhood in the South-west part of the West Division of the City, extending from Morgan street West to Paulina street, and from West Sixteenth street to the South Branch of the river.

The first that attracted my attention was about the 18th of June, when I was called to a family occupying the upper part of house 682 Centre Avenue, where I found two children aged about two and four years respectively, very sick with dysentery. They had been sick three or four days, and the youngest one was dying. The older one was somnolent or drowsy, with frequent paroxysms of restlessness; countenance pale and eyes sunken; skin dry; extremities cool; pulse very frequent and feeble; intestinal discharges frequent, consisting of serum and

some mucus mixed with blood; stomach nauseated, with frequent efforts to vomit; respiration irregular and sighing; and general expression of great exhaustion. Some medicine was directed for him, but he died the following day. On the same day that the second child died, another boy in the same family, aged five years, was attacked with the disease, but I was not called until the day following, namely, the 21st of June. His skin was then hot and dry; his face suffused with a dark red flush; lips and mouth dry; vessels of conjunctiva red; mind somnolent, with paroxysms of restlessness; respirations hurried and irregular; pulse very rapid, small, and weak; bowels moving every few minutes, with much griping pain and tenesmus, and often accompanied by efforts to vomit. The intestinal evacuations were offensive and consisted of bloody serum and some mucus. The urine was scanty and deeper color than natural.

The rapid and extreme prostration, as indicated by the purplish redness of the face; the hurried respiration; and the frequent and feeble pulse, rendered the prognosis in this case very unfavorable. Being obliged to leave the city for a few days, the patient was left in charge of Dr. F. H. Davis, who tried faithfully the usual remedies for acute dysentery, but without any apparent control over the disease. The boy died on the 23d of June, the fourth day after the attack. These three children with their mother, had come to reside in this city only a few weeks previous to the commencement of their sickness. On the 30th of June, I was called to see W. K., an old resident of the city, laboring man, aged about fifty years, and living in the next house to the one where the three children died. He had been attacked with the dysentery about the same time that the children were sick, and during the ten days previous to my seeing him, he had received the services of two or three respectable physicians. At the time of my visit, his countenance was sunken and haggard; extremities cool and purplish; mouth and tongue very dry with active thirst; skin on trunk and face above natural temperature; abdomen concave but muscles rigid; respiration irregular, with occasional sighing; pulse 120 per minute, small and weak; very frequent intestinal discharges, con-

sisting of serum and blood, dark grumous in appearance, and very offensive to the smell. About once a day he had a passage of nearly healthy looking fœces. He was tormented with a great sense of oppression and heat in the epigastrium, gripings and tenesmus in the bowels, and frequent efforts to vomit, which had caused the prompt rejection of almost every thing taken into his stomach. His mind was despondent and peevish. To allay the irritability of the stomach and correct in some measure the offensive quality of the intestinal discharges, we ordered the following mixture to be taken in doses of one teaspoonful every two hours:

R̄	Carbolic Acid Crystals-----	6	grs.	
	Glycerine -----	ʒ	ss.	
	Camph. Tinct. Opii. -----	ʒ	jss.	
	Water-----	ʒ	ij	M.

Also one of the following powders every four hours:

R̄	Tannate of Quinine-----	30	grs.	
	Pulv. Opii-----	10	grs.	M.

Divide into six powders.

We further directed some thin wheat flour and milk porridge to be given in tablespoonful doses every half hour for nourishment. On the following day, we found our directions had been carried into effect only imperfectly, and the patient remained about the same as the previous day. We continued to attend the case until July 4th, five days in all, during which we prescribed several remedies, but no efforts on the part of myself or the family could persuade him to continue regularly any one thing long enough to gain any control over the disease, and he became daily more exhausted until he reached a fatal result. The only thing that exerted even a temporary influence, was an injection of twenty grains of pulverized ipicac, with half a grain of sulph. morph. in half a teacupful of water. This injection was used three or four times, and was each time followed by a period of two or three hours of quiet. But even these he refused to have repeated, and we were compelled to abandon the case.

The day previous to being called to the last mentioned case,

we were called to a laboring man, aged 28 years, residing at the corner of Paulina and Clayton streets, about six blocks directly west of the previous cases. This man had been several months in Texas and Louisiana, and had returned only eight or ten days since. He had been taken with periodical or malarial fever on the Mississippi, while on his way here, and had been having chills and paroxysms of fever every alternate day since. He was up and dressed at the time of my visit, but presented a haggard, anemic appearance, and complained of great weakness and sense of oppression in the epigastric and hypochondriac regions. His tongue was covered with a white fur; stomach and bowels quiet; urine high colored; and sufficient increased fulness and dulness over the left hypochondriac region to indicate a moderate enlargement of the spleen. The case presenting all the characteristic symptoms of a protracted intermittent fever, he was directed the following powders:

R	Sulph. Quinine-----	20	grs.
	Hyd. Chlid. Mite-----	4	grs.
	Sulph. Morph-----	1	gr. M.

Divide into four powders, to be taken at such intervals that the last would be taken at least an hour before the next expected chill. On the 30th, forty-eight hours after the first visit, an urgent message came for another visit. We found the patient in a state of extreme prostration; countenance livid; skin cool and clammy; respiration hurried and irregular; pulse frequent, small, and weak, and having frequent copious intestinal discharges consisting of a dark bloody serum, and emitting a putrid odor. I learned that he had taken all the powders ordered at the previous visit, but notwithstanding, his chill came the previous evening, which was followed by vomiting, pain in the abdomen, and frequent bloody discharges. He was directed to take a powder containing five grains of tannate of quinine, and one and a half grains of pulv. opii every two hours, and a teaspoonful of an emulsion containing twelve drops each of ol. teribenth. and tinct. opii, between. Also sinapisms over the abdomen, and astringent injections into the rectum. The remedies moderated the frequency but did not materially alter the

character of the discharges, and the patient sank into complete collapse and died on the 2d July.

The day before the death of this last patient, we were called to see a woman at 692 Center Avenue, only three or four doors from the house where the three children died in one family. She was a fleshy woman about 40 years of age, who had resided there several years.

Her nursing infant had died, she said, of dysentery, and she had attended the funeral the previous day. During the night she had been attacked with severe pain in the abdomen, nausea and vomiting, with frequent discharges from the bowels, at first faecal, but since consisting of mucus and blood.

At the time of my visit her countenance looked haggard and pinched; her skin cool and congested; pulse 118 per minute, and weak; stomach irritable, rejecting most of her drinks; intestinal discharges frequent, considerable in quantity, and mixed largely with dark blood. With the hope of allaying the irritability of the stomach, and exerting a corrective influence on the intestinal secretions, we gave this patient a teaspoonful of the following solution every two hours:

R _x .	Carbolic Acid Crystals-----	6 grs.	
	Glycerine -----	℥ss.	
	Camph. Tinct. Opii-----	℥ij.	
	Water -----	℥jss	M.

And to check the sero-sanguinous exudation and allay the abdominal pains, a powder of tannate of quinine, 5 grains, and pulv. op. $1\frac{1}{2}$ grs. was given between each of the doses of the carbolic acid solution.

On visiting the patient the next day, we found no improvement in her appearance or symptoms, except the vomiting was less frequent and the tenesmus less severe, but she was more prostrate and the intestinal discharges continuing without any change for the better. The case had every indication of progressing rapidly to a fatal termination. Being satisfied that there was a strong typho-malarial influence in all the cases I had seen in that section of the city, causing great depression in the ganglionic and vaso-motor nervous functions, and obtain-

ing no decided effects from quinine, opium, and antiseptics, we determined to try the effects of strychnine and ipecac. We directed twenty grains of powdered ipecac to be given at once, and followed by a teaspoonful of the following solution every three hours, in sweetened water :

Ry. Strychnia-----	1 gr.	
Nitric Acid-----	ʒj.	
Tinct. Opii-----	ʒj.	
Simple Syrup-----	ʒj.	
Water-----	ʒij.	M.

At the same time my attention was called to a daughter of the patient, a girl aged about 16 years, who had been taking care of the mother, and who, during the last three or four hours, had felt frequent griping in the abdomen, some nausea, great weakness, and had three or four intestinal evacuations. Her pulse was quick and weak, skin cool and moist, and her expression dejected and anxious. She was directed to keep quiet and take one teaspoonful of the strychnine mixture directed for the mother, every four hours.

At my visit the next day, the girl was entirely comfortable, having had but one passage after she commenced taking the medicine. She took it three times a day for two days longer, and remained well.

The mother was also much better. The dose of ipecac was followed in a few minutes by free vomiting, but she retained the strychnine solution, and her intestinal discharges had been diminishing in frequency, until they do not now occur more than once in three or four hours, and contain very little blood. The pulse, the capillary circulation in the surface, and the temperature have also much improved. She was directed to continue the strychnine solution in the same doses every four hours, and limit herself to wheat flour and milk porridge for nourishment, which she did for two days more, when all symptoms of dysentery and fever had disappeared. She continued the medicine three times a day for three days longer, during which time she cautiously returned to an ordinary diet, and her recovery was complete.

On the 11th of July, we were called to Mr. A. a laboring man living at number 14 Henry street, in the same section of the city, but further north than the other cases alluded to. About two weeks since he had returned from a short sojourn in Texas and Louisiana. Soon after his return he began to feel unwell. Had lassitude, pains in his back and limbs, and indifference to food. On the 10th, he had a decided chill followed by fever and sweat, presenting the phenomena of an ordinary intermittent paroxysm. At the time of my visit at 4 o'clock P.M., of the 11th, he was presenting the initial symptoms of another chill, but nothing unusual. His tongue was covered with a whitish fur; skin cool and shrunken; pulse small but not very frequent; pains in the head, back, and limbs; but no vomiting or looseness of the bowels. Thinking the case to be one of ordinary intermittent fever, contracted, at least in part, while in the south, we directed him to have 30 grs. of sulph. quinia, 6 grs. of calomel, and 1 gr. of sulph. morphine, divided into six powders, and to take one of them every four hours. The following evening a brother of the patient called, saying that he was dying. On seeing him between 8 and 9 P.M., he really presented in a strongly marked degree the symptoms of a pernicious or congestive chill. He had taken all of the quinine powders and retained them, but about 5 o'clock P.M., the usual time for his chill, he began again to complain of chilliness and great depression, and soon became unable to speak or to swallow without great difficulty. At the time of my visit the whole cutaneous surface was cool and mottled as in extreme feebleness of capillary circulation; the face was livid; the mind extremely dull, and difficult to be roused; the pulse feeble and thready; respiration irregular, with occasional sighing; and extremities cold. We learned that he had not had much muscular trembling or shaking, but had at the commencement of the paroxysms complained of great pain in the head, back, and limbs, with a sense of depression. He had also had, during the afternoon and evening, four or five copious intestinal discharges. We directed mustard sinapisms to be applied extensively over the surface; the above mentioned solution of strychnia, nitric

acid, and laudanum, to be given in teaspoonful doses every two hours until three doses had been taken, and then every three hours until otherwise directed. We also directed 20 grs. of tannate of quinia and 4 grs. of pulverized opium, to be divided into three powders, one of which was to be given at six, ten, and two o'clock the next day.

The directions were strictly followed; the stage of extreme depression gradually disappeared during the night, only one or two further intestinal discharges occurred, and the patient was comfortable during the day. At the usual time in the evening, he exhibited only slight indications of a chill, and no febrile reaction. He continued the strychnia solution every three hours for three days, when he complained of some numbness in the back of the neck, and tightness across the chest, and it was discontinued, and a pill of 2 grs. of quinia and 3 grs. of citrate of iron, ordered three times a day. His convalescence was fully established, and he has remained free from any return of chills or fever since.

We have called the attention of the Society to the foregoing cases for two purposes. First, to show that during the early and unusual warm weather during the last part of May and the first half of June, there was developed in the city, more especially in the south part of the west division, a strong typho-malarial influence, which gave rise to an unusual number of cases of severe dysentery and typho-malarial fever at an unusually early part of the season. While visiting the cases to which we have alluded, we learned that there were many other similar cases in the same section of the city, several of which proved fatal, both in children and adults. Second, to direct attention to the fact, that when we have a decided idiomiasm or typhoid influence, acting in conjunction with the ordinary malaria that produces periodical fever, we have many attacks of fever presenting distinct periodicity, but over which quinia exerts only an imperfect control. The typhoid influence seems to produce that depressed condition of the organic susceptibility and the action of the vaso-motor nervous system, which partially contra-indicates the sedative action of anti-

periodic doses of quinia, but which is well remedied by efficient doses of strychnia, especially in connection with a mineral acid. We first used the combination of strychnia, nitric acid, and laudanum in the treatment of the æsthenic or type fever of dysentery, during the seasons of epidemic cholera, from 1849 to 1854, and have certainly found it very beneficial in that class of cases.

THE ANTISEPTIC LIGATURE, AS APPLIED IN THE OPERATION FOR VARICOCELE.

By EMILE STEIGER, M.D., Prairie du Chien, Wis.

The operation for varicocele and circocoele was heretofore considered most dangerous, and was performed principally in three different methods: 1. Dissection of the spermatic bundle and ligature of the varicose veins. 2. Compression by Breschet's pincers. 3. Subcutaneous ligature, or the proceedings of "Gagnebe."

Particularly the first method, but more or less also the second and third, were often followed by dangerous, even fatal phlebitis. Involuntary compression or ligation of the spermatic artery, and consecutive atrophy of the testicle, endangered the second and third method.

I was called in consultation by my friend, Dr. Martin, of McGregor, in the case of L. S. (case of circocoele), and I believed that ligation of spermatic artery and atrophy of the testicle could be avoided by free dissection, while phlebitis could be prevented through the antiseptic effect of carbolic acid.

The operation was performed on the 3d of April, 1871, in the following manner:

1. Incision on the left side of the scrotum, about one inch long, so as to lay open the bundle formed by the fascia of the cremaster.

2. Fixing of the bundle outside of the external wound, with help of a sonde passed under it, across and over the margins of the scrotal incision.

3. Dissection of the cord, and application of two antiseptic ligatures around the varicose vein, separated nearly one inch, and cut close to the knot.

4. Excision of that portion of the vein included between the two ligatures.

5. Careful cleansing of all parts with a solution of carbolic acid j., glycerine iv, aq. xij., by sponge and syringe.

6. Closing of external wound with silk sutures, which had been prepared by being soaked for six hours in carbolated oil, and covering the scrotum with linen, also soaked in carbolated oil.

Two weeks after the operation patient was well, happy, and attending to business.

I owe to the kind suggestion of Dr. D. Mason my preparation of antiseptic ligatures, consisting of violin strings, kept in a bottle of carbolated oil for at least 48 hours.

Correspondence.

MORPHIA AND ERGOT AS PARTURIENTS.

In answer to the queries of Dr. Robinson, in relation to the *modus operandi* of morphia and ergot, Dr. Vance writes as follows:

1st. What the *modus operandi* of *secale cornutum* is.

In the first place, it is received in what is termed the exterior part of the system as per orem or per anum; then it is taken up by the venous absorbent and conducted into the interior system or general circulation, and thence is conveyed along and taken up by the ganglionic nerves—especially the sacral plexus—or rather the hypogastric plexus, which operates immediately on the fibres of the fundus interi, exciting in them strong and persistent efforts of contractility. Although *secale cornutum* has different properties applied to it, one thing is evident, *i.e.*, its stimulating propensities, as exerted in the fibres of the womb, forwarding expulsion of foetus and

secundines, through the agency of the great sympathetic nerves.

2d. What is the *modus operandi* of sulphate morphia upon the parturient patient?

Sulphate morphia is received into the system not unlike the remedy spoken of, excepting hypodermically; but upon the uterine fibres it seems to impart two co-operating effects: the first of which is a stimulant, operating through the sympathetic system, producing contractility of the fibres not unlike *secale cornutum*, favoring the expulsive efforts; and, secondly, that of an anodyne effect, through the spinal nerves, upon the circular fibres of the *os uteri*, thereby admirably facilitating dilatation, and, thankfully to patient and attendant, accelerating the item, *deliverance*.

GEO. H. VANCE.

EFFECTS OF A LARGE DOSE OF VERATRUM.

WATERTOWN, WIS., May 15th, 1871.

DEAR EXAMINER,—The following may be of interest: Dr. Harrison, age 60, good constitution, took by mistake over a teaspoonful fluid extract verat. vir. He intended taking some "cough balsam," but took instead a bottle of veratrum, and drank a mouthful from it. The article was officinal, and a good active preparation, being the same as I am using in the usual quantity. Had eaten his breakfast over an hour before.

Poison taken 9 A.M. 9.10. Found him anxious; pulse 100, medium soft; had taken ipecac. 6j.; ordered sul. zinc, gr. j., followed by as much warm water as he could drink. 9.15. Free emesis produced by using feather; gave more warm water; pulse 88. 9.18. Pulse 70, irregular and soft; extremities and face cold. 9.20. Pulse 65; gave hypodermic injection, sul. mor., gr. $\frac{1}{3}$. 9.25. Pulse 78, steadier. 9.30. Pulse 90, soft; complained of feeling weak; warmed considerably; countenance became flushed. 9.40. Pulse 115. 9.50. Pulse 95, more irregular; gave freely strong coffee; strengthened heart action; during next two hours the pulse ranged between 105.

and 88, not very steady. 12. Had a free, spontaneous emesis; pulse 90; perspired freely; breathing good most of the time; felt comfortable; pulse steadily diminished in frequency, but gained in steadiness till 3 P.M., when it reached 60. Kept between 60 and 65 for the following twelve hours, after which it steadily gained during 24 hours, till it had reached the normal frequency, 78.

Have seen more alarming symptoms after small doses than followed in his case.

During the first twenty-five minutes, symptoms were grave; afterwards nothing severe occurred.

It seemed to me that the inj. morph. controlled the symptoms in five minutes, and kept up its effect till the last.

I regard strong coffee as the best cardiac stimulant we have. Could notice its beneficial effects very plainly in this case.

He has had facial erysipelas two or three times. To-day, four days after his accident, he has it developing again. Whether it has been developed by the veratrum, or a mere coincidence, I cannot tell. Reason for reporting the case is to show that large doses of so active a poison as veratrum may sometimes be taken with no serious results.

T. G. WILLIAMS.

SHOULD PHYSICIANS PRESCRIBE ALCOHOLIC STIMULANTS?

FOWLER, ILL., *July 12th, 1871.*

Before answering this question, it will be proper to enquire into the relation the physician sustains to his patient and to the community, as well as into the nature and effects of alcohol.

The physician's profession is devoted exclusively to the welfare of mankind, and is physico-moral in its mode of investigation and action.

The physician has to deal with man in his highest nature, as well as in his physical. The exhibition of prescriptions is not his only work; it is merely an adjunct. He is not detailed simply to superintend a course of treatment, but to stand as

the custodian and conservator of the highest interests and most precious blessings conferred upon our race.

The omnipotent fiat has gone forth, "*The soul that sinneth, it shall die.*" So sin brought death, and death brings woe and anguish. The physician's mission is to lessen this woe and lighten this curse, and it at once assumes the grandest proportions. The physician is not only made the special guardian of human life, but also the guardian of true science and sound principles. A leading object with him should be the deduction and establishment of great general principles, from a comparison of the results of his own observation with the accumulated experience of all ages.

What, then, from observation and experience, do we find to be the nature and effect of alcohol?

All scientific investigation has invariably led to the logical conclusion that alcohol is essentially a poison—precisely as arsenic, opium, and nicotine are poisons; that the difference between a liquor containing five per cent and one containing fifty per cent of alcohol, is one of degree merely—not of kind—at least so far as poison is concerned.

Since alcohol is a poison, it is evident to any unprejudiced mind, that even a very limited use in health of anything containing it would be productive of evil; because, if much poison will do great harm, a little poison must do some harm; but, as physicians prescribe other poisons in disease, may they not prescribe alcohol? We think not, for two reasons.

1st. In those cases where alcoholics are used, there are other agents which will answer the purpose as well, or better, and, 2d. The prescription of alcoholics, even where they appear to be indicated, is evil in its tendency (because the desire for narcotics—as alcohol—increases with their use), and physicians, being necessarily admitted to the sanctum of domestic life, are morally prohibited from introducing within its pale any such "deceiver" and "mocker" as alcohol, without an absolute necessity, and we believe such necessity never exists.

All the medicinal properties ascribed to alcohol by the advocates of its prescription are those of antiseptic, anæsthetic, and

stimulant. If we wish to prescribe an antiseptic, we have carbolic acid and others, which will answer the purpose better. If we wish to prescribe anæsthetics, we have far better and more harmless ones in ether and chloroform. If we wish to prescribe stimulants, we have more effective and more innocent ones in ginger, carbonate of ammonia, etc.

The erroneous practice of flying to the whisky bottle, by the masses, as a panacea, has grown out of the medical prescription of alcoholics, and will never be remedied until physicians cease to prescribe them.

As long as the public regard alcoholics, in themselves, good (which they are not), so long will the fruitage be found in broken hearts and desolate homes. Physicians, as members of a most liberal and philanthropic profession, owe it alike to themselves and to their fellow-men, to adopt the more scientific view—that alcoholics are unnecessary at all times and under all circumstances—which is acted upon already by many of the leading lights of the profession, and interdict the use of alcoholics under all circumstances.

A. Y. McCORMICK, M.D.

Clinical Reports.

CLINICAL NOTES.

By F. K. BAILEY, M.D., Knoxville, Tenn.

CASE I.—RHEUMATISM, WITH DERMATOID COMPLICATIONS.—Was called, *May 7th, 1871*, to see a man, about 40; sanguine nervous temperament; occupation, photographer; laboring under a painful affection of the muscles upon the right side of the neck. There was heat, redness, and swelling, extending from the top of the shoulder to the mastoid region, and reaching to the sternal extremity of the clavicle. On moving the head the pain was much aggravated, and most obvious along the course of the sterno-cleido-mastoideus muscle. In addition, there was a

tumefied condition of the integuments of the right frontal region, stopping abruptly at the mesial line, and extending upwards beyond the line of the hair. The skin upon the forehead was red, and of a shining appearance. Just above the right eye was seen a spot about eight lines in diameter, circular in form, and elevated above the surrounding parts, already swollen, as stated above. Upon the surface of this circular spot were minute vesicles, and presenting all the characteristics of herpes phlyctænodes. There was also general febrile excitement, with heat of surface, pulse increased in frequency, constipation, and scanty red urine. There was shooting pain in the neck, and severe headache, worst on the right side.

I prescribed a saline cathartic, following up with a mixture as follows:

Ry.	Iod. Potassii-----	ʒij.
	Syr. Sarsap. Comp.-----	ʒij.
	Tinc. Gentianæ-----	ʒss.

M. Sig. Teaspoonful three times daily. To bathe the forehead and neck with a solution of hyposulphite soda.

There was but little abatement of symptoms for four days, but on the 11th, the pain and swelling had nearly left the neck, and the herpetic spot had scaled over, leaving the surface rough. The integuments of the forehead were still swollen and painful, and the headache continued severe.

It was about ten days from the first attack before the affected parts had resumed their normal appearance.

The general symptoms in this case closely resembled those in herpes zoster, besides the local manifestations were confined to one side. I will add that this gentleman has for many years labored under a hypertrophy of the heart, but without marked valvular lesion.

CASE II.—*April 10th, 1871, 8 P.M.* Called to visit a light mulatto woman, aged about 32; married, but never has been pregnant. Complaining of severe sore throat; the pharyngeal mucous membrane much congested, and both tonsils enlarged; little heat of surface; pulse 80, and soft; pain in the lumbar region, with dysuria; bowels open. Prescribed:

Ry. Spts. Nit. Dule. -----3j.
 Tinc. Belladonna-----3j.

M. Sig. Teaspoonful every three hours. To steam the throat.

11th, 7 A.M. Patient states that the soreness of the throat was relieved after taking the first dose of the mixture, but feels this morning a prickly sensation in the fauces, extending downwards; urine more free. It was more than a week before she was able to go about much, but before the end of the month was nearly well. On the 1st of May she was taken with rheumatic pains in the chest, and extending around and through the epigastric region, aggravated on sneezing, yawning, or making any movement which involved the action of the diaphragm. Pain also along the course of the œsophagus, aggravated by the act of swallowing; there was heat, pain, and swelling of the wrists, knees, and ankles; pulse accelerated, with palpitation and difficulty of breathing when lying down; bowels constipated, and urine very red and scanty.

This condition continued until the 8th, unchanged, when there appeared an eruption of urticaria upon the limbs and body, attended with a deep shooting pain, extending "to the bone," wherever a spot appeared.

On the 10th, found her complaining of severe pain in the cardiac region, attended with increased impulse. Learned that she had for years been troubled with palpitation, particularly during the menstrual period, and a victim of dysmenorrhœa from puberty. Had taken for some days a mixture of spts. nit. dule. and tinc. opii. camph., but to-day prescribed:

Ry. Iod. Potassii-----3ij.
 Bicarb. Potassa-----3iiij.
 Aqua-----3ij.
 Spts. Etheris Comp.-----3ij.

M. Teaspoonful every four hours. Sul. quinine, in 2-gr. doses, alternated; applied belladonna plaster to the cardiac region; two comp. rheu. pills at night.

11th. Pain somewhat relieved, but cannot tolerate quinine, as it causes singing in the ear. Was obliged to remove the bella-

donna plaster, as it caused faintness, which is not an uncommon occurrence in some persons; complains of an unpleasant sensation in the whole pharyngeal region, which may arise from the action of belladonna.

To continue the iod. potass mixture, and, to cause sleep, at 3, 6, and 9 P.M. a teaspoonful of the following mixture:

Ry.	Brom. Potassii -----	℥ij.
	Aqua Puræ -----	℥j.
	Spts. Etheris Comp. -----	} āā ℥ss.
	Fluid Ext. Valerian -----	

An enema at bedtime of warm water, with a tablespoonful of a mixture containing equal parts of tinc. asafoetida and valerian.

12th. Some better; rested well; less pain and uneasiness in the cardiac region; eruption not so obvious; urine more free; some pain in the sacral region. To continue the iod. potassii and bromide mixtures, and take oyster soup.

14th. Able to sit up, but has felt for two days much of the pain and distress in the region of the diaphragm, which is aggravated by all the movements wherein that muscle is called into action. Urine still rather scanty. Sweating very freely at night. To take a 2-grain quinine pill every four hours, and to continue the mixtures.

16th. Much improved, except that the urine is still scanty and very red, with an acid reaction. Has rested very well for some nights past. Pain nearly subsided in the epigastrium, but continues in the lumbar and iliac regions.

17th. Much better; urine very free, which may be a result of taking some gin yesterday and last night.

20th. Has improved since last report, but complains of pains in the feet and hands, which are somewhat bloated; has had no pain in the chest or region of the diaphragm for some days; urine is passing off freely. The bowels have been kept open for the last week by means of enemata. Has taken the iod. potassii mixture regularly, but the bromide was suspended after the 16th.

27th. Gradual improvement during the past week. There has been more or less pain in the joints of the extremities. The

action of the kidneys has been variable, and as the rheumatic pains have been less when the urine was secreted the most freely, the conclusion is that the primary fault was in the renal function. The patient has been subject to rheumatism since puberty. In *ante bellum* days a slave, she was, when work crowded, sent into the field with others more muscular. A slender yellow girl can endure but little exposure and physical exertion, and this individual soon contracted rheumatism. Cardiac complications obtained, and dysmenorrhœa, mitral hypertrophy, mucous congestion, leucorrhœa (both uterine and vaginal), and prolapsus, made up a catalogue of ills, which will be a source of anxiety and suffering in all her future life.

In detailing rather cursorily the pathological condition of this patient, the history of hundreds is told, that contribute to the clinical practice of this and all other Southern localities, so far as I have been able to observe and learn. This state of things is not confined to the colored population. We see great numbers of white women who are similarly affected.

In the *Half-yearly Compendium of Medical Sciences*, for Jan., 1871, is an article by Dr. S. Baruch, of Charleston, S. C., from the *Richmond and Louisville Medical Journal*, for December, 1870, in which is expressed my own views upon the causes which bring so much suffering upon the lower classes of women in the South.

He says (1), "Ignorance of the laws of nature, whose infringement is so often followed by deplorable consequences." In this connection he alludes to the common practice of leaving the bed too soon after confinement, and before the uterus has even begun to return to its former tone and condition. This is an obvious fact in all localities among the poorer classes, who are compelled to leave the lying-in bed in order to give attention to household affairs. It is particularly so in warm climates, where the general system is relaxed, and the process of involution is tardy. Although the heat is less in this region than in the Gulf States, still uterine disease is fearfully common. One very common cause of disease follows from early childbearing. A great many of the women among the lower classes became

pregnant as soon as ovulation occurred. This is true not only among the blacks, but the whites. It is very common, when inquiry is made, how old was you when your first child was born, for them to say "thirteen or fourteen."

Exposure to cold and dampness is a fruitful cause of rheumatism among all ages and both sexes. Especially do we find it in young girls at the age of eight, and cardiac complications are not uncommon before puberty. Rheumatic dysmenorrhœa in such subjects will occur upon the first appearance of the menses. Amenorrhœa is frequent, and upon each recurrence of any disturbance of the menstrual function, there is local congestion, which in a short time causes hypertrophy of the uterine walls, and a catarrh of the mucous lining.

Not long ago a girl of fifteen, from the poor white class, came to my office complaining of excessive pruritus of the vulva. On inquiring, found she had leucorrhœa, and she told me she had had it since her first remembrance. She seemed to regard that as a normal condition.

CASE III.—UTERINE TUMOR.—Was called, *March 6th, 1871*, to visit Mrs. S——, a woman of 45, mother of six children, youngest four years old. Found her looking pale and dejected, and complaining of severe pain in the pelvic region. In the hypogastrium could be felt a hard tumor, but not painful to the touch. On vaginal examination, the os uteri was found low down, thickened, and immovable. Could be felt within the os, which was patulous, a firm tumor as large as a child's head at full term. The uterus was firmly fixed—complete immobility. The tumor could be felt about 18 lines from the os. No pressure at all upon the bladder. The urinary organ not disturbed, either mechanically or functionally. A grumous watery discharge from the vagina. On introducing the finger to the rectum, found that organ crowded by the tumor; could not move it in the least by firm pressure of the finger. Learned the following history, as related by the patient: In September last, the menses ceased, and nothing was seen till January 1st. At that time the bloody flow above-mentioned commenced, and has not ceased at all, and sometimes lumps the size of grapes

would pass. The enlargement was not noticed by her till the middle of December. Having no speculum with me, merely advised the free use of warm water injections to move the bowels, which, as will be inferred, had been evacuated very irregularly.

I will here mention that during the last six weeks there had been great difficulty in defecation, with severe vomiting, which, from her account, might have been stercoraceous.

7th. Bowels had moved freely after the enema was used. Patient says great relief was experienced from a feeling of distension through the whole abdominal region. From her further relation of former symptoms, I became satisfied that at times there had been a mechanical obstruction of the rectum by the pressure of the tumor, causing the same train of symptoms as found in strangulated hernia. Further, says that the urine has generally passed away very copiously, compelling her to void it every hour through the night.

Introduced a speculum, and found the cervix much thickened. The os was patulous, and presented a pouting appearance. Introduced a sound, which encountered the tumor at a distance of less than two inches. It had a firm inelastic resistance to pressure with the sound, and attended with no pain. The flow so free as to fill the speculum, and requiring frequent mopping out with cotton. On inspecting the cervix closely, found that it was indurated, and the mucous membrane livid and very much congested. Applied solid nitrate of silver freely to the cervix, and advised frequent injections per vaginum of warm water, and to keep the bowels open by means of enemata.

9th. Condition unchanged since last report, except that the strength is failing. The pain in the sacral region constant and unabated. No relief from laudanum injections per ano on my visit yesterday. Bowels moved with difficulty. The tumor appears to almost completely obstruct the rectum. Vaginal discharge still very copious.

11th. No improvement. The cervix less indurated, but appearance of sloughing from the os. Introduced a sponge tent upon the right side, and anteriorly somewhat to the tumor,

after cauterizing the mucous membrane freely. The bowels move more freely for two or three days. Prescribed anodyne enemata to vagina, with dilute carbolic acid added to correct fœtor. To give milk punch, and beef soup.

12th. Removed sponge tent. Os more dilated. Passed a sound three inches to the right and anteriorly to the tumor. Sloughs of the size of a nutmeg coming away. Touched freely with nitrate of silver, and crowded up a pledget of cotton wet with sol. carbolic acid. There is less fœtor to-day, and the discharge was lighter colored which followed the removal of the sponge tent. Patient very feeble; pulse small, but frequent.

13th, 12 A.M. Very feeble; just recovering from a fainting turn. Removed pledget of cotton, which had remained unmoved. Gave stimulants and tonics, and enjoined absolute rest.

14th. Patient died at 11 P.M. last night. She had not moved her lower limbs after fainting yesterday. In this case I had given an unfavorable prognosis from the first, and examined her more for purposes of diagnosis than an expectation of affording relief.

Up to my being called no medical aid had been sought. The woman had taken large quantities of tinc. opii on her own responsibility to relieve pain, with the effect to render the bowels torpid, and add to the trouble. I could detect no signs of peritonitis or metritis, and death undoubtedly resulted from exhaustion. If timely aid could have been rendered, the tumor might possibly have been reduced by enucleation, as it was so near the os as to be easily accessible. It had evidently been rapid in its formation and growth, or existed for a period without being noticed.

CASE IV.—EPITHELIOMA.—*March 11th, 1871.* While in attendance upon the last-mentioned patient, I was requested to see Mrs. B——, aged 47, mother of several children. Has labored under disease of the uterus for five years. States that in 1867 there was ulceration of the neck and mouth of the womb. Was treated by a physician in the city, and she understood that the neck sloughed away. On attempting a vaginal examination, found the finger could not be passed more than an

inch and a-half, as it encountered cauliflower excrescences. The parts extremely tender to the touch, and bleeding freely. There has been this state of things for some months. Did not think it advisable to attempt the introduction of a speculum. The woman has for so long a time suffered severe pain in the pelvic region, together with constipation, and irritable stomach, that she is emaciated and exhausted from want of nutrition, as well as loss of blood. Did not consent to treat the case, for the reason that from want of means, as well as appreciative intelligence, the carrying out of any definite plan could not be relied upon. Advised the injection per vaginam of a weak solution of carbolic acid, to correct fœtor, and the use of tonics and nutritious food.

Another physician was subsequently called in, who soon came to the same conclusion with myself, and I learned that she was slowly sinking at latest accounts (June 10th).

CASE V.—*March 6th, 1871.* Mrs. B——, aged 43, fleshy, and looking tolerably well, mother of nine children, youngest nine years old, has been irregular since May, 1870. Menses scanty when present at all, with leucorrhœa most of the time. Pain in the sacral region nearly constant. Having some “show,” deferred further investigation of the case for the present.

15th. Called, and was told that she was pronounced pregnant by a physician in June last. There was abdominal enlargement, swollen mammæ, and other signs. There was some milk in the breasts after November till February, with increase of size till some time in January. Since that time she has noticed a lessening of the abdominal fulness, with flow more or less colored at times till the present.

On palpation externally, found fulness in the right side as high as the umbilicus. Vaginal touch found the os uteri lying in the hollow of the sacrum. Introducing a speculum, found the os looking backwards, cervix thickened, pale and turgescient. Os patulous, with a small quantity of bloody mucus passing out. Introduced a sound about four inches, anteriorly and to the right side, without encountering any obstacle.

From the history of the case, with present appearances, it

may have been one of blighted fœtus—spurious pregnancy. Involution taking place slowly. Touched the cervix with nit. silver, and prescribed as follows:

Ry. Brom. Potass -----	3ss.
Aqua Puræ-----	3j.
Spts. Etheris Comp., Fluid Ext. Ergot, āā --	3ij.
Tinc. Cinch. Comp.-----	3iss.

M. Sig. Half a teaspoonful morning and night. To exercise moderately, and keep the bowels open with enemata.

May 1st. Since last report the woman has been improving in strength, with lessening of size.

June 1st. Entirely recovered. There has been complete restoration of uterine, health, and function.

CASE VI.—*June 7th.* Was invited by Dr. Boynton to call with him upon a woman about 45, nervous, sanguine. Had her last child about twelve years ago. Had been in tolerable health till within a month, when she began to feel a severe pain in the pelvic region, extending down the right thigh. A few days ago, the distress became so severe as to induce spasm, upon which medical aid was sought.

On palpation, found a hardened fulness in the hypogastrium, somewhat uniform in shape. On vaginal examination, the cervix was hard, somewhat enlarged, and the os very small, and feeling firm, like a button-hole in a vest made of thick, firm cloth. On speculum inspection, found the cervix congested, livid, and about two inches in size. Slight discharges of a grumous appearance. Passed a sound anteriorly and to the right side of the uterus, about two inches and a-half, when a firm inelastic body was encountered. Passing the finger into the rectum, found the enlargement to occupy the hollow of the sacrum. With the exception of the constriction of the os, found the case very similar to Case III. The tumor doubtless fibroid, and of rapid formation.

No measures adopted except by way of palliation in this case. Full doses of morphia will give relief for some hours.

CASE VII.—SYMPHILIPHOBIA.—This is an affection occasionally mentioned by writers, but, perhaps, not of frequent occurrence.

As the term implies, there is an apprehension on the part of the patient that syphilis is present in some form or other, without any clear evidence of its existence, but a consciousness of having been exposed to its contraction, or a fear that some seeds of a former manifestation still remain in the system.

In *October, 1867*, a young man came to my office, in company with a friend. He presented a downcast appearance, restless, with a quick and rather frequent pulse. He at once began to tell me that he had syphilis, and that he knew it would kill him. I examined him very carefully, with a view to detect any physical signs, but could see none. There were some cicatrices upon the genitals, which were the remains of chancres, but the healing was complete. There was no soreness in the throat, nor nodulated eminences upon the limbs. He complained of a confused pain in the head, and an unpleasant sensation in the back of the neck. When asked if he had pain in the shins on lying down at night, he replied in the affirmative.

From his attendant, I learned that in 1865 he contracted syphilis, and was treated promptly, and, as it was then supposed, successfully. All traces of primary symptoms had long ago disappeared.

During the summer of 1867, he began to express apprehensions that he still was laboring under the effects of the disease, and soon became, as his family thought, insane upon the subject. When I first saw him he evidently was in a morbid mental condition. His great fear was, that he was in an incurable condition; that it would break out anew, and that he must surely die. It was useless to attempt the allaying of his fears, no reasoning would pacify him. I gave him iodide potassii in small doses, with some bitter tonic, with full doses of Dover powder at night.

As he lived some twelve miles in the country, I did not see him for nearly a week. He then came in company with his father, who informed me that his mental condition was unchanged from the time of my first interview with him. The third visit was made about three weeks from the first, and when I last saw him his friends were taking measures for his admission

to the insane asylum. Since that time I have heard nothing from him.

In the summer of 1869, I saw, at different times, an Irish woman of 40, or more, who was complaining of some uterine difficulty, together with a derangement of the liver and kidneys. In connection with the ailments enumerated, she had either in reality or imagination contracted syphilis some years previous. For some months during the summer she was constantly troubled in mind, for fear that some remains of the poison still lingered. It was the burden of her thoughts and fears, although there were no appreciable indications of such a condition.

In the summer of 1870, a large, fleshy, and vigorous girl of 24, came to my office to consult me in regard to her condition. I learned on inquiry that she had, like many others, been a victim to some man's lust, and, as she supposed, "got the bad disorder." I could not discover that she had any signs of syphilis at that time, or that she had ever been affected.

There was nothing indicative of any departure from a normal condition, being in as good health as any one could be. I prescribed, however, iodide potassii in small doses, with laxatives, which she took faithfully for some weeks before the idea was effaced from her mind that she was diseased.

Excepting the three cases above related, I have never known a person that was really diseased who manifested any great degree of solicitude as to the "situation." On the other hand, there is, perhaps, a want of due appreciation as to the present or future of the case. The general impression is that venereal diseases can be cured as readily as any other. Generally, the victims are persons more or less void of any scruple as to the *morale* of the conduct which induces venereal disease, and in very many, the chief anxiety about a removal of their trouble is to be able to plunge anew into vice. To see a person so affected as to be mentally deranged, or to imagine a disease like syphilis to be present, when there are no palpable signs of it, is not common, so far as my own experience has extended.

Since writing the above, I have conversed with one of our city physicians in regard to the first case, who says that the

young man came to him some months before I saw him, and that he was then laboring under the same impression, but that there were no signs of syphilis, that he could discover.

The cases above related are thus presented, with no comments or opinions expressed, except what are involved in giving the facts. The like may have occurred in the practice of others, and, if so, it is hoped they may be reported.

Proceedings of Societies.

NORTH IOWA MEDICAL SOCIETY.

This Society held its Eleventh Annual Meeting at the Office of Dr. Andros, in McGregor, on Wednesday, June 7th. Dr. F. Andros, President, in the chair.

Roll called, and found present, Drs. F. Andros, H. H. Clark, W. C. Lewis, J. S. Green, J. T. H. Scott, D. W. Chase, W. H. Earl, and L. Brown, Jun.

Minutes of last meeting read and approved.

Drs. J. W. Curtis, of Decorah; A. B. Hanna, of Elkader; E. R. Zeigler and S. E. Robinson, of West Union; were duly elected members of the Society.

Communications were received from Drs. N. H. Knowles, of Hesper, and Lewis L. Hayeltine, of New York City.

The following resolutions were adopted:

Whereas, in the conscientious discharge of duty, Dr. Lewis L. Hayeltine has removed from a sphere of usefulness which he has successfully exercised for the benefit of the public and to the honor of the profession; and, *Whereas*, from his first connection with this Society to its close he was a faithful and efficient member; therefore,

Resolved, That we, the Members of the North Iowa Medical Society, hereby express regret at his loss, and unabated interest in his future welfare.

Resolved, That the Secretary be authorized to place his name upon the list of Honorary Members, and that a copy of our proceedings be at all times sent him.

The President, Dr. Andros, read his annual address—a well-written essay upon anæsthetics—which brought forth much discussion from several members. The discussion to be continued at the next meeting.

Dr. Curtis made a very lengthy verbal report upon the value of the thermometer in the diagnosis and prognosis of disease.

Dr. H. H. Clark, of McGregor, reported the case of a patient who had been subject to epileptic fits about five years, the attacks becoming gradually more frequent, until she had from three to six each week. Was called to see her about Aug. 24th, 1870. Prescribed potassa bromidi, grs. 30, four times a day, after which she had no more fits, but gradually passed into a comatose condition, death relieving her suffering, Sept. 27th. The result of *post mortem* was presented to the Society, in the shape of a fibro-cartilaginous tumor, weighing 3 oz., with a small point about $\frac{1}{4}$ in. in diameter, indicating the point of attachment, which had been attached to the squamous portion of the right temporal bone.

There was a lengthy report upon the effects and use of the hydrate of chloral.

Dr. Brown had used it in two cases of puerperal convulsions, and in one case of partial mania, caused by the poison of tobacco, applied in the form of a poultice, to a carbuncle. All three cases yielded promptly to it.

Dr. Scott had used it in one case, and Dr. Green in many cases of protracted and difficult labor, with the best success—causing relaxation, and sleep between pains, more than any other drug in use.

Dr. Chase reported a case, a patient of his—practising physician—who, upon his own responsibility, took over an ounce at a time, without producing any deleterious effects, only, thirty hours profound sleep.

Dr. Scott reported a very interesting, and in some respects unusual, case of strangulated scrotal hernia, in a young man whom he and Dr. Andros operated on, and found a large part of the omentum mortified, which they amputated, and ligated

the stump, leaving one end of the ligature fastened external to the wound; but from some cause it got loose, and was drawn up into the abdomen. Seven weeks after an abscess appeared in the umbilical region, which discharged a few ounces of pus and the ligature. The patient made a rapid recovery.

Many interesting cases were verbally reported, and opinions given by different members.

The Constitution was changed, so as to admit Howard County in the territory of the Association.

On motion of Dr. Robertson, the President was directed to appoint a Committee of one to report upon Surgery, Obstetrical Practice, and New Remedies, to report at the next Annual Meeting.

The following officers were elected for the ensuing year:—

President—W. C. Lewis, of Clermont.

Vice-President—Luther Brown, of Postville.

Secretary—J. S. Green, of Postville.

Treasurer—H. H. Clark, of McGregor.

Censors—J. S. Green, J. T. H. Scott, and H. H. Clark.

Delegates to the American Medical Association—F. Andros and J. W. Curtis.

Essayists—Drs. F. Andros, J. W. Curtis, and H. B. Curtis.

The Secretary was authorized to make credentials to any member who would attend the State Medical Society.

Adjourned, to have the next Annual Meeting at Postville, on the first Wednesday of June, 1872; also, a Semi-Annual Meeting at Decorah, on Wednesday, October 25th, 1871.

All regular physicians in good standing are requested to attend.

J. S. GREEN, M.D., *Secretary*.

MINNESOTA STATE MEDICAL SOCIETY.

The Semi-annual Meeting of this Society was held at Minneapolis, Minn., on Tuesday and Wednesday, June 13th and 14th.

The President, Dr. Franklin Staples, of Winona, delivered

an eloquent and appropriate opening address, detailing the objects of the meeting, and congratulating the members on the prosperous condition of the Society, and the high position it had attained in the interests of the profession, as evinced by the large number of members present at the opening session.

About sixty members answered to their names on roll-call.

Dr. A. E. Ames and Dr. N. B. Hill, delegates of the meeting of the American Medical Association, held at San Francisco, May 2d, gave a very interesting account of their trip thither—the country, the meeting of the Association, and the manner in which they were entertained by the generous Californians.

Dr. B. Mattocks, of St. Paul, read a well-considered and able paper on the "Diseases of Children," which was discussed by Drs. Goodrich, Rhodes, Hill, Reiner, Chace, and Hewitt. Dr. Mattocks, in his essay, took the position that the nature and treatment of diseases of children was the same in principle as in the diseases of adults. This position was strongly contradicted by Dr. Hewitt, of Red Wing, who took the position that the child was an imperfect, immature being, whose pathology was entirely distinct from that of the conditions of human maturity.

A vote of thanks was passed for the essay, and it was referred to the Committee on Publication.

On Tuesday evening, the members of the Association and other invited guests, assembled at the residence of Dr. A. E. Ames, to partake of an elegant banquet given by the doctor in honor of the Association.

On Wednesday, Dr. A. J. Stone, editor of the *Northwestern Medical and Surgical Journal*, offered a draft of a bill to legalize dissection, to be presented for adoption by the Legislature. Dr. Stone moved that a committee of three be appointed to present the matter to the Legislature, and urge its passage. Considerable discussion followed, and several amendments were offered, but the original motion was finally carried. The committee, as approved by the President, consisted of Drs. A. J. Stone, J. H. Stewart, and C. P. Adams:

Dr. C. S. Sheldon, of Winona, was appointed essayist for the

annual meeting, Dr. L. P. Hodge, of Farmington, as alternate.

Dr. W. W. Mayo, of Rochester, reported a case of rectocele of fourteen years duration, which was finally cured. Dr. C. G. Goodrich reported a case of ovarian cyst in a child of eight years.

All three of the gentlemen received the thanks of the Association for their papers, the same being referred to the Committee on Publication.

CONCLUSION.

Dr. Staples, the President, gave expression to the views of the Society in announcing that the members were delighted with this beautiful and promising city in which they had been so hospitably entertained. He was gratified at the large attendance, and bespoke for the next annual meeting a full attendance and an increased interest. The Society, on motion, adjourned *sine die*.

WISCONSIN STATE MEDICAL SOCIETY.

The Wisconsin State Medical Society held its 25th Annual Session in the city of Milwaukee, on the 21st, 22d and 23d days of June—its President, Dr. H. P. Strong, of Beloit, presiding.

After being opened with prayer by the Rev. J. L. Dudley, it was addressed by Dr. S. Marks, Chairman of the Committee of Arrangements, who, in behalf of the Committee, welcomed the Society to the city.

The calling of the roll by the Secretary showed a large attendance of the members, and the session was in all respects a harmonious, pleasant and profitable one.

A number of valuable papers were read, the first of which was from Dr. Marks, Chairman of the Committee on Surgery, on the Treatment of Fractures, based on cases which had passed under his observation during the past year; following which there arose an interesting and animated discussion concerning the use of carbolic acid in wounds, the opinion being given by President Strong and several others, that, like all other new

remedies, the tendency was to a too common and indiscriminate use of the acid, sometimes to the destruction of healthy granulations.

Dr. Mason and Dalton each referred to the fact that the acid had been found a nice test for albumen, and that the surface of wounds dressed with it were often found coated with an albuminous deposit.

Dr. Wight called attention to the fact that castor oil was always preferable to glycerine as a menstruum, for the acid glycerine having the property of drying the tissues.

Dr. Page read a paper on the Treatment of Fevers.

Dr. Wight read a long and valuable paper on Medical Education, advocating more thorough preliminary education, and a lengthened term of study, which should be not less than five years, the whole of which should be passed in the Medical College, no deviation from which should be permitted except under the most stringent rules, "in which an exhaustive examination is made by a joint committee from the faculty of the Medical School, and from the class in which admission is sought."

Under the influence of such a thorough system of education, he claims that Medical Sectarianism would be more likely to die out, and the confidence of the people being strengthened in the regular profession, quackery of all kinds would cease to flourish.

Dr. J. K. Bartlett read a valuable paper, on Vesico-Vaginal Fistula, giving an historical sketch of the methods which have been resorted to for the cure of that malady.

At the opening of the afternoon session of the 22d, the Annual Address, by President Strong, was delivered, on "Conservatism in Medicine," for which able, eloquent and interesting address he received a special vote of thanks from the Society.

Dr. Armstrong read a very valuable essay on "The Cause and Treatment of Puerperal Convulsions, and the Condition of the Puerperal Woman."

Dr. Russell, from Committee on New Remedies, made a report, touching on Chloral Hydrate, the Ordeal Bean of Calibar, Iodoform, ApioI, Carbolic Acid, and Nitrous Oxide.

Dr. E. W. Bartlett read a paper on "The Accommodation of the Eye."

Dr. D. C. Davies, Special Committee on Gynæcology, made an interesting report.

Dr. Johnson, read a paper on "The Unity of Disease," and Dr. Armstrong reported a case of Aneurism of the Internal Iliac Artery."

Amendments to the Constitution were proposed, lengthening the term of office of the Censors, and providing for the examination by them of candidates for the study of medicine, as to their educational qualifications, and that no student shall be received into the office of a member of this Society until such student shall present the Censor's certificate that he has the requisite preliminary education.

The proposed amendments lie over for one year.

In the evening session of June 22d, the first business being to fix a place for the next meeting, Fond du Lac was chosen, when the Society proceeded to elect officers for the ensuing year, with the following result:

President—Dr. JOHN FAVILL, of Madison.

1st Vice-Pres't—Dr. M. WATERHOUSE, of Portage.

2d Vice-Pres't—Dr. J. K. BARTLETT, of Milwaukee.

Secretary and Treasurer—Dr. J. T. REEVE, of Appleton.

Ass't-Secretary—Dr. THERON NICHOLS, of Milwaukee.

Censors—Drs. J. K. BARTLETT, HARMON VAN DUSEN, and DARIUS MASON.

The following named gentlemen were then elected Delegates to the next meeting of the American Medical Association—to wit:

Drs. J. K. Bartlett, J. G. Meachem, J. L. Brenton, J. T. Reeve, H. Van Dusen, A. H. Van Norstraud, O. W. Wight, S. Marks, G. F. Witter, Ch. Linde, M. Waterhouse, H. O. Crane, H. Palmer, E. B. Wolcott, H. P. Strong, and D. M. Bond.

After electing Delegates to several of the State Societies, the further reading of Essays and Reports was in order, when Dr. Palmer reported a case of "Subcutaneous Nevus successfully treated by Injections of Persulphate of Iron," exhibiting photographs of the case.

Dr. Griffin read an eloquent eulogy on the late lamented Dr.

Henry M. Lilly, of Fond du Lac, one of our most valued members, presenting to the Society, in the name of the Fond du Lac Co. Medical Society, a photograph of the deceased.

The "Synopsis of a case of Diseased Bladder and Kidney, resulting from Enlarged Prostate," was furnished by Dr. Godfrey; after which the Society adjourned.

The last morning's Session was a busy one, a number of valuable papers being read and referred to the Publication Committee, of which only the titles can here be given:

Dr. Linde read the report of some cases in Obstetrical Practice.

Dr. Cory read an essay on "Hysterico-Neuralgia, or Spinal Irritation, with report of Cases."

Dr. Kempe read the history of a case in which a wooden pessary had been retained for over seventeen years, and was removed with great difficulty, and only by being cut in pieces.

Dr. Senn reported a case of "Excision of the Clavicle for Osteo-Sarcoma."

Dr. Moore reported a case in which the operation of paracentesis thoracis had been performed by him.

Dr. Armstrong reported a case of "Abscess of the Right Ovary."

Dr. Witter reported a case of "Recto-Vaginal Fistula in an Infant."

Dr. Chase reported "A Case of Ovariectomy."

Dr. Ferrin reported "A Case of Complete Inversion of the Bladder, and Protrusion of that Organ at the Urethra."

A valuable communication on the subject of Puerperal Convulsions was received from Dr. Wilber, a former member of the Society, which was referred to the Committee on Publication.

The following list of Special Committees, and of appointments under them, was then made:

On Skin Diseases—Dr. C. Linde, Committee.

On Diseases of the Brain and Nervous System, including Insanity—Drs. S. L. Fuller and M. Waterhouse, Committee.

On Diseases of the Respiratory Organs—Dr. T. Nichols, Committee.

On Indigenous Medical Botany—Dr. N. Senn, Committee.

Resolutions of thanks to the Committee of Arrangements, to the officers of the Society, and to the Press were adopted.

A Committee of ten was appointed on Climatology and Prevaling Diseases; Dr. J. K. Bartlett, of Milwaukee, Chairman.

The President elect was conducted to the chair, and announced the following as the Standing Committees for the ensuing year:

Arrangements—Drs. Griffin, Mayham, and Barnes.

Surgery—Drs. Mason, Meacher, and Senn.

Practice—Drs. Mauley, Fox, and Ferrin.

Obstetrics—Drs. Armstrong, Reynolds, and Butterfield.

Pathology—Drs. J. Johnson, J. G. Meacham, and Rice.

New Remedies—Drs. Brown, Jenkins, and Dodson.

Medical Education—Drs. J. E. Davies and Bunnell.

Diseases of the Eye—Dr. E. W. Bartlett.

Dr. Griffin was requested to prepare an obituary notice of the late Dr. M. K. Darling, of Fond du Lac, the first President of this Society; after which the Society adjourned, to meet in Fond du Lac on the third Wednesday in June, 1872.

Following the adjournment a number of members of the Society spent a pleasant hour in visiting the National Asylum for Disabled Volunteer Soldiers, which is situated a few miles out of the City, a special train having been kindly provided for the purpose.

J. T. R.

Selections.

ON THE PRODUCTION OF HÆMORRHAGE, ANÆMIA, AND EMPHYSEMA IN THE LUNGS, BY INJURIES TO THE BASE OF THE BRAIN.

BY C. E. BROWN SÉQUARD, M.D., &c.

[From the *London Lancet*, Jan. 7.]

My object in this short paper is to call the attention of practitioners to some experimental facts which, in connection with a great many clinical facts, show how frequently the lungs are altered consecutively to a lesion of the brain. In making experiments on the comparative locality of injuries to the left and to the right sides of the brain, I found, a year ago, that one of the most frequent causes of death, when it does not occur immediately or very soon after wounds of the brain, in guinea-pigs especially, was pneumonia. I was led by this fact to perform a large number of experiments to ascertain the immediate effects of an injury to the brain on the lungs. The results obtained were startling; in almost all cases of injuries by crushing or section of the pons Varolii, ecchymoses were found in the lungs. Sometimes the whole lung was crowded

with blood, and real pulmonary apoplexy existed. In some instances the effusion took place in the bronchial tubes. Injuries to other parts of the base of the brain, especially the crura cerebri and the crura cerebelli, sometimes are followed by the same effects on the lung, and it is extremely probable that a slight pressure upon the pons Varolii by effused blood is sufficient to produce it. Injuries to the medulla oblongata and to the spinal cord have but very rarely (only in three or four experiments out of a great many) caused an effusion of blood in the lungs. This is the more remarkable that without any doubt, the nerve fibres going from the pons Varolii to the lung, which cause the rupture of small bloodvessels in this viscus, pass through the medulla oblongata and the cervical part of the spinal cord. Many experiments have shown me that it is not through the par vagum, but through the sympathetic nerve, especially by its spinal roots, which throw themselves in the first thoracic ganglion, that the peculiar influence of the pons Varolii exerts itself in producing a pulmonary hæmorrhage.

Many experiments, some of them made with the help of an ingenious physiologist, Dr. J. S. Lombard, of Boston, U.S., have shown me that the condition of the lung, as regards distension or collapse of the air-cells, does not materially change the effect produced on the lungs by the crushing or a wound of pons Varolii. I have filled the lungs (the thorax opened sometimes) with as much air as insufflation could push in, and seen ecchymoses, small or large, appear at once, or almost at once, after the irritation of the pons. On the other hand, I have withdrawn, as much as I could, the air contained in the lungs, and ascertained that ecchymoses appeared then, as in the preceding experiments, from the same cause. It is not essential at all that there be a continuation of breathing after an injury to the pons for a production of hæmorrhage in the lungs. Indeed, in all cases of crushing, and in a great many of the cases of section of the pons Varolii which I have performed, the kind of syncope which I have described as the respiratory syncope (inhibition of respiration) exists at once after the lesion; and notwithstanding this complete cessation of respiratory movements, the breaking of small bloodvessels takes place in the lungs.

A lesion in one of the lateral halves of the pons produces generally a much greater effect in the lung on the opposite side than in the one on the same side.

The above experiments have been made on guinea-pigs; but

in two rabbits and three cats I have found that the section or crushing of the pons Varolii produced also a hæmorrhage in the lungs.

A hæmorrhage is not the only immediate effect that can be observed after an irritation of the base of the brain by crushing or cutting; and anæmic condition, œdema, and emphysema can also be produced. Some small parts of the lungs are found perfectly white, and, according to the examination of a distinguished micrographer, M. Ravvier, who has kindly helped me in some of these researches, absolutely deprived of blood, no doubt through a spasm of the bloodvessels, having emptied them of their contents. This may occur after injuries of almost all parts of the base of the brain, but especially the pons Varolii. Not so as regards œdema, which principally appears after an injury to the medulla oblongata. Looking at a lung in which such an alteration exists, one observes one or several greyish spots, generally circular, and of the size of the head of a pin, protruding as a part of a sphere from the surface of the lung. This pearl-like part of the lung, according to my able friend, M. Ravvier, contains a good deal of serum, and its minute bloodvessels are filled with the white corpuscles of blood, and free from red corpuscles. This is, indeed, a most wonderful fact, and the more so that this change in the contents of the pulmonary capillaries is immediate.

The last effect I intend to mention of an injury to the base of the brain on the lungs is already known to experimenters; I mean emphysema. But what I will state about it is a new and very remarkable fact, which does not agree with the reigning theories of the mode of production of emphysema. It is that this morbid condition can appear when not a single respiratory movement takes place, after an irritation of the base of the brain either by crushing or cutting.

When I publish the details of my experiments on the influence of injuries to the brain on the lungs, I will show that, in man, diseases of or injuries to the brain, very frequently produce organic alterations in the lungs. I will content myself here, to prove the frequency of that morbid influence of the brain on the pulmonary organs, to state that out of 188 cases of organic disease of the brain recorded by Calmeil,* there was a morbid state of the lungs, especially inflammation, in more than sixty cases—*i. e.*, in one case out of three. I have no doubt that many patients attacked with brain diseases die from disease of the lungs caused by that of the central organ of the nervous system.

* *Traite des Maladies Inflammatoires du Cervau.* Two Vols., Paris, 1850.

Book Notices.

A Treatise on Diseases of the Nervous System, by William A. Hammond, M.D., Professor of Diseases of the Mind and Nervous System, and of Clinical Medicine, in the Bellevue Hospital Medical College, etc. New York: D. Appleton & Co.; Chicago: S. C. Griggs & Co.

This is a handsome volume of 750 pages, in substantial cloth binding. The author has endeavored, as he states in the preface, "to present a Treatise on Diseases of the Nervous System, which, without being superficial, would be concise and explicit, and which, while making no claim to be exhaustive, would nevertheless be sufficiently complete for the instruction and guidance of those who might be disposed to seek information from its pages."

This volume, in connection with the fourth volume of Prof. Austin Flint, Jr.'s, *Physiology of Man*, which will be published during the coming season, is intended to constitute a complete work on the "Physiology and Pathology of the Nervous System." The author has views of his own on every disease considered, opinions founded to a great extent upon his own observation and experience. The name and reputation of Prof. Hammond is, of itself, a sufficient guarantee of the value and importance of these opinions. We shall endeavor to give a more extended review of the work in a subsequent number.

A Physician's Counsels to Woman in Health and Disease, by Walter C. Taylor, A.M., M.D., author of *Gynæcological Notes*, etc. Springfield: W. J. Holland & Co., publishers.

The Modern Operation for Cataract: A Lecture delivered at the Harvard Medical School, April 5, 1871, with an analysis of sixty-one operations, by Hasket Derby, M.D. Boston: 1871—a pamphlet of 23 pages.

The American Journal of Obstetrics and Diseases of Women and Children, edited by B. F. Dawson, M.D., published quar-

terly in May, August, November, and February. With the present number (May, 1871), this journal enters upon its fourth volume, William Baldwin & Co., 21 Park Row, New York, have taken charge of its publication, and are issuing it in good form and style.

Editorial.

PRELIMINARY EDUCATION.—The Indiana State Medical Society, at its recent Annual Meeting, adopted the following resolution, which ought to be carried into effect by every local medical society in the whole country:

“Resolved, That the several county societies in this State be requested to appoint a Board of three competent Members of their body to examine into the general education and intelligence of any one desiring to become a student of medicine, and that such societies permit none of their members to receive a student who does not present a certificate of proper qualification from such Board.”

There is no one measure that would do as much to increase the reputation and usefulness of the profession as that which will ensure a fair and liberal general education for such as enter upon the study of medicine.

AMERICAN MEDICAL ASSOCIATION.—We are informed by the Secretary that he will issue the Proceedings of the recent meeting of the Association at San Francisco, in pamphlet form, at 25 cents per copy. All who desire copies can forward the amount with the address, directly, to the Secretary, Wm. B. Atkinson, M.D., 1400 Pine Street, Philadelphia.

AMERICAN MEDICAL ASSOCIATION.—Having attended the recent meeting of this Association at San Francisco, California, and attentively noted all that was said and done during its several sessions, we have been surprised in reading the editorial comments on that meeting in several of our exchanges. They not only characterize the meeting as a failure in a scientific and professional aspect, but they flippantly speak of its doings as

disorderly, and even disgraceful. At first we were unable to account for these unfavorable representations; but on examining the matter more closely, we found these disparaging comments exclusively in journals whose editors were not present at the meeting, but who had evidently formed their opinions altogether from the imperfect and erroneous reports of the daily press of San Francisco.

Nearly all of them had, indeed, copied the reports of the daily press, with all their errors, into their own columns, and some had gone further, and copied the unfriendly slurs and criticisms found in secular papers that never lose an opportunity to disparage legitimate medicine. By adopting such a course those journalists induce their readers to suppose that the members of the Association who assembled in San Francisco, did little else than to wrangle over questions pertaining to *woman's* rights and wrongs, while the better part of the profession resident in San Francisco looked on with dignified contempt. We do not hesitate to say that all these severely disparaging comments on the doings of the recent meeting, are exceedingly unjust, both to the residents in San Francisco and the Association as a whole. There has not been a meeting of the Association, since its organization, in 1847, during which the business of the general sessions was transacted with more regularity, general decorum, and individual courtesy, than during the one in San Francisco.

Indeed, the whole amount of time consumed in the discussions in reference to admitting delegates from hospitals and colleges exclusively for the care and education of females, and consultations with female physicians, was not equal to that consumed in trying to elect officers at the first anniversary meeting in Baltimore.

And yet these discussions are magnified by full reports in true sensational newspaper style, claimed to be verbatim, yet so imperfect as to contain paragraphs altogether devoid of meaning, while many other reports and discussions of much more professional importance, are either passed over in silence, or merely alluded to. In this way an entirely false coloring is

given to the whole course of proceedings in the general sessions of the Association. This false coloring is made still more marked by the reporters paying no attention to the doings in the Section Meetings, where all the strictly scientific and practical professional work of the Association is done. It is not our object to find fault with the newspapers or their reporters. They naturally make the most of discussions on such miscellaneous topics as will most readily attract the attention and gratify the curiosity of their readers. To them an hour spent in discussing the professional status of woman is a god-send; while a most valuable essay on the nature and treatment of disease would neither be intelligible or interesting to them or their readers. Hence they will magnify their account of the first into a column, and compress that of the latter into a line.

We have some reason to complain, however, when editors of strictly medical periodicals copy, uncorrected, these imperfect and one-sided newspaper reports, and found on them disparaging and injurious comments concerning the Association. And we shall have still greater cause to complain, if the Secretary in making up his official record for publication, shall copy from the same imperfect source. The truth is, the meeting in San-Francisco was characterized by a fair degree of success in all its interests. The number in attendance was fair; the reception by the local profession of San-Francisco, embracing all their leading and worthy men, was cordial and hospitable.

The reception at Oakland, and the excursion around the bay, were characterized by a degree of order, harmony, and social enjoyment, not excelled in any particular by similar occasions in the other cities the Association has visited.

As we have already said, the general sessions were devoted to the regular order of business, in the transaction of which there was maintained good order, uniform courtesy, and more freedom of debate than in most of the previous meetings. It is true that a few words of a personal character passed between Dr. W. L. Atlee and Dr. H. R. Storer, for which they both apologized before they sat down. So, an unfortunate remark in relation to the drinking habits of a portion of the profession, by Dr. H.

Gibbons, Sen., in the last evening session, called out a moderate hissing from a part of the assembly, but which was satisfactorily explained before he left the platform. Can our criticising friends point to an assembly of three or four hundred members of the legal, clerical, political, agricultural, or any other profession, which has transacted business in general sessions four successive days without exhibiting more discord, more personal allusions, and less rigid attention to business than was seen at the meeting in San Francisco? If so, they have been more fortunate in their observations than we have. The most marked fault in the meeting at San Francisco arose from a defect in the arrangements for the sections. When the first morning session closed, and the various reports and papers had been referred to the several sections, there was no notice where the sections were to meet, and no member of the Committee of Arrangements present to give any information. The consequence was that only one section met that afternoon, and it was not until the afternoon of the second or third days that the other sections organized, and even then, that on Practical Medicine and Obstetrics occupied a small dark room that very few found. With this exception, the work of the Committee of Arrangements was well done, and the profession of San Francisco deserve much credit.

From a pretty careful observation of the doings of our national organization, we are satisfied that nine-tenths of all the waste of time, unpleasant discussions, and actions of questionable propriety, that take place from year to year, arises from the persistent disposition of some members to make use of the Association to serve their own personal ends. One is afraid that some medical college in his neighborhood will put its fees lower than the one with which he is connected, and straightway he comes up to the Association armed with a resolution solemnly declaring all attempts to cheapen medical education derogatory to the *dignity* and honor of the profession. Another finds that he has been underbidden by some brother doctor, for the contract to attend the county poor-house, and he comes with a resolution declaring it highly unprofessional for any member of the

profession to render *contract* service, either to individuals or public institutions. Another becomes envious of the temporary success of some advertising mountebank, and he comes with a resolution to amend the Code of Ethics. Still another finds among the regulations of his local medical society some rule or by-law that conflicts with his notions of propriety, and he comes up to the national gathering fully determined to get some action adopted which will practically nullify the objectionable rule, and enable him to go home and set the local society at defiance. In this way topics are forced upon the attention of the Association, discussions elicited, and time wasted, concerning matters over which it can exercise no legitimate control.

The American Medical Association was organized for the accomplishment of three great and important purposes, namely, the promotion of harmony, social intercourse, and unity of action; the improvement of medical education; and the advancement of medical science and practice. So long as it adheres rigidly to these purposes it will continue to live, prosper, and do good. But just so far as it lends itself to the work of assuaging private griefs, advancing local and individual interests, or intermeddling with matters that belong exclusively to individuals or local societies, it will lose the confidence and respect of the intelligent and honorable part of the profession everywhere.

THE twentieth annual meeting of the American Association for the Advancement of Science will be held at Indianapolis, Ind., commencing August 16th, 1871. A pleasant and profitable meeting is expected.

THE PHYSIOLOGICAL EFFECTS OF SEVERE AND PROTRACTED MUSCULAR EXERCISE; WITH SPECIAL REFERENCE TO ITS INFLUENCE UPON THE EXCRETION OF NITROGEN.—During the month of November, 1870, the celebrated pedestrian, Edward Payson Weston, made an attempt to walk four hundred miles in five consecutive days. In May previous, Mr. Weston accomplished the extraordinary feat of walking one hundred miles in twenty-one hours, thirty-nine minutes. Prof.

Austin Flint, Jr., had an opportunity to examine the entire urine passed by Mr. Weston during this walk. The results of these examinations were noticed in the *EXAMINER* at the time of their publication by Prof. Flint. Unfortunately, however, these investigations were based upon very imperfect and unsatisfactory data; when, therefore, Mr. Weston, previous to his attempted four hundred mile walk, kindly offered to submit himself to any scientific observations that Prof. Flint might desire to undertake in connection with the effort, the proposition was of course gladly accepted. Prof. A. Flint, Jr., with the co-operation of Profs. J. C. Dalton, Alex. B. Mott, W. H. Van Buren, Austin Flint, and W. A. Hammond, undertook a very careful, thorough, and complete series of observations, extending over five days previous to the walk, the five days during the walk, and the five days immediately succeeding to it. A full account of these observations, with the conclusions drawn from them, is published by Prof. A. Flint, Jr., in the *New York Medical Journal* for June, 1871. A reprint of the article from that journal has since been issued in book form by Messrs. D. Appleton & Co., New York.

The object aimed to be accomplished by the experiments was to throw light upon some obscure and unsettled points connected with the subject of nutrition and disassimilation, and especially to determine, if possible, the influence of muscular exercise upon the excretion of nitrogen. As introductory to the subject, Prof. Flint gives a brief resumé of the generally received physiological views regarding certain of the points involved. The well-known theory of Leibig, which claims the elimination of nitrogen to be, to a great extent, a measure of the waste of the nitrogenized elements of the tissues, and that this is increased by exercise, was for some time accepted by physiologists almost without question. This theory was, however, modified a few years later by the researches of Lehman, who showed, by a large number of observations on his own person, that, other conditions being equal, the character and quantity of food modified very greatly the elimination of urea. The views of Leibig, as modified by the researches of Lehman,

were pretty generally accepted up to 1866, when Fick and Wislicenus published an account of experiments made in ascending one of the Alpine peaks. From their experiments they concluded that muscular exercise does not necessarily increase the elimination of nitrogen; that the substance of muscle itself is consumed in insignificant quantity; and that the muscular system is a machine, consuming, in its work, not its own substance, but fuel, which is supplied by the food. The most efficient fuel they considered to be non-nitrogenized food; the results of its consumption being force, or work, heat and carbohc acid. These theories and experiments have changed very materially the current of physiological opinion with regard to the origin of muscular force and the significance of the elimination of nitrogen.

The following is a brief outline of the course followed by Prof. Flint in making the observations: 1st. Mr. Weston was placed in the hands of Mr. Thos. C. Doremus, Jr., who did not leave him day or night for the fifteen days, except on two occasions, when he was relieved by Mr. Loew and Prof. Flint. During the walk, Profs. Doremus, Mott, or Flint, Jr., one or all of them were constantly present. 2d. Each day at the same hour, and, as nearly as possible, under the same conditions, the naked weight, pulse, respirations, and temperature were noted. 3d. The weight of every separate article taken as food or drink was recorded. "This was done for two purposes; to note the ingesta and excreta, with reference to the weight of the body; and to have all the articles of food separately weighed, so as to estimate the daily consumption of nitrogen." 4th. "The amount of exercise taken each day, in the first period, before the walk, and in the third period after the walk, and also anything unusual in his general condition was noted."

5th. The entire urine of the twenty-four hours was collected day by day, for the purpose of subjecting it to chemical and microscopical examination. This course was carefully and faithfully carried out, each day's observations being given in full in Prof. Flint's article. The following table, which we copy from the article, contains a brief summary of the results:

TABLE D.
Daily Averages for the Three Periods.
(French weights and measures in parentheses.)

	First Period— Five Days before the Walk.	Second Period— Five Days of the Walk.	Third Period Five Days after the Walk.
Weight	Loss in 5 days— 21.8 oz. (593 gr.)	Loss in 5 days— 55.2 oz. (1,565 gr.) Loss in 4 days— 83.2 oz. (2,358 gr.)	Gain in 5 days— 80 oz. (2,268 gr.)
Temperature	Average of 5 days— 99° Fahr. (37.2° C.)	Average of 5 days— 96.3° Fahr. (35.7° C.)	Average of 5 days— 98.6° Fahr. (37° C.)
Pulse	78	90	74
Respirations	22	21	23
Sleep	8 h. 5 min.	3 h. 17 m.	8 h. 29 m.
Miles walked	8.2 miles	63.5 miles	2.2 miles
Ingesta	100.50 oz. (2,848.82 gr.)	171.47 oz. (4,860.57 gr.)	144.59 oz. (4,098.62 gr.)
Nitrogen of food	339.46 grains (21.994)	234.76 grains (13.211)	440.93 grains (28.569)
Cutaneous and pulmonary ex- halation	61.63 oz. (1,690.91 gr.)	138.41 oz. (3,875.18 gr.)	62.82 oz. (1,706.78 gr.)
URINE.			
Quantity	37.84 fl. oz. (1,134.0 c. c.)	38.46 fl. oz. (1,138.0 c. c.)	58.14 fl. oz. (1,720.3 c. c.)
Specific gravity	1024.9	1028.7	1023.0
Urea	628.24 grains (40.705)	722.16 grains (46.803)	726.79 grains (47.094)
Nitrogen in urea	293.18 “ (18.729)	337.01 “ (21.841)	339.17 “ (21.977)
Uric acid	2.26 “ (0.127)	3.00 “ (0.194)	1.42 “ (0.082)
Phosphoric acid	50.14 “ (3.262)	76.63 “ (4.965)	56.89 “ (3.674)
Sulphuric acid	41.57 “ (2.693)	53.50 “ (3.666)	49.02 “ (3.176)
Chloride of sodium	159.45 “ (10.331)	65.08 “ (4.217)	312.40 “ (20.241)
FÆCES.			
Quantity	4.08 oz. (115.6)	4.53 oz. (128.3)	6.33 oz. (179.3)
Nitrogen	21.91 grains (1.421)	24.32 grains (1.576)	33.99 grains (2.202)
Nitrogen in urea and fæces combined	315.09 grains (20.149)	361.52 grains (23.217)	373.15 grains (24.179)
Nitrogen of urea and fæces per 100 pts. of Nitrogen of food ..	95.53 parts	174.81 parts	91.93 parts
Uric acid per 100 pts. of urea ..	0.362 parts	0.439 parts.	0.187 parts

In regard to the remarkable variation in weight, shown by the table in the three different periods, Prof. Flint says:

“*Causes of the Variations in Weight.**—In a measure, the

* To avoid complicating the discussion of the causes of the variations in weight, the English weights only will be used.

variations in weight during the fifteen days may be satisfactorily explained; but there are certain questions involved that are as yet obscure. The explanation of the variations during the walk, and for the five days after, is much facilitated by a comparison of the ingress and egress of nitrogen.

"At the outset of the investigations, the weight was 120.5 lbs., which Mr. Weston thought was about normal. During the period of five days before the walk, the variations were not very great, the highest being 12 oz. above, and the lowest 32 oz. below. At the end of the fifth day, the weight was reduced by about 21 oz. On the first day, the weight being unchanged, the exercise was fifteen miles. The food was of the ordinary variety, but its quantity and proportion of nitrogen were about 30 per cent. above the average for an ordinary man. On the second day, the diminished exercise, the food being less, but still above the normal average, will account for the increase in weight of 12 oz. On the third day, the exercise was the same as on the second day, but the food was reduced a little below the normal average, which will account for 20 oz. loss of weight. On the fourth day, the food was still below the average, being about the same as on the previous day, but it contained a large proportion of nitrogenized matter, over 20 per cent. more than on the third day. The exercise was fifteen miles, which, with the diet, will account for 24 oz. loss of weight. On the fifth day, the food was increased to a little above the average, and it contained an immense amount of nitrogen, about 35 per cent. above the average. This fact, with the absolute muscular repose and ten hours' sleep, as a preparation for the walk, will readily account for 11 oz. increase in weight. During this period of five days before the walk, the average quantity of food and drink was 100.5 oz., containing 339.46 grains of nitrogen, the ordinary average being 90 oz., containing 310 grains of nitrogen. The average discharge of nitrogen by the urine and fæces was 95.53 parts per 100 parts of the nitrogen of food; which is about normal. It is thus evident that the variations in weight during a period of five days of ordinary life can be readily explained in accordance with generally-accepted physiological principles.

"In endeavoring to explain the variations in weight that occurred during the walk, and for the succeeding five days, the extraordinary amount of muscular exertion introduces new elements to be considered. These have a most important bearing upon the subject of nutrition, disassimilation, and 'the source of muscular power,' about which so much has been written within the past few years.

"First, What tissue was consumed, the products being thrown off, during the effort of walking $317\frac{1}{2}$ miles in five consecutive days? Was it the muscular substance? The importance, as regards our ideas of nutrition, of a positive and definite answer to this question can hardly be overestimated.

"The loss of weight was undoubtedly due in a great measure to the excessive muscular exertion; but in part, also, to change in diet. This proposition does not demand discussion.

"The loss must have been either in liquids, fats, or muscular substance.

"It is not probable that the loss was due, to any great extent, to a diminution in the proportion of liquids, for the excessive loss from the skin was instantly supplied by liquids taken into the stomach. It is not necessary to cite experiments which show that loss by the skin, as it occurs in hot-air or vapor-baths, or in working for an hour or more at a high temperature, is readily compensated by liquid ingesta, as this fact is well settled in physiology.* A glance at the daily tables of food and drink will show that, during the five days of the walk, Mr. Weston took from 8 lbs. 8 oz. to 10 lbs. 11 oz. of liquids.

"If the loss were due to a consumption of non-nitrogenized matters, it would be chiefly of fat and would be represented by the carbonic acid of expiration. It is certain that the non-nitrogenized constituents of the body do not contribute to the formation of the nitrogenized excrementitious matters.

"If the loss were due to a consumption of the nitrogenized elements of the body, principally of the muscular tissue, this loss, under the extraordinary muscular effort, would be represented by the nitrogen of the excretions. It is not probable that the nitrogenized constituents of the body are, in any considerable amount, changed into non-nitrogenized matter, and exhaled under the form of carbonic acid, though this may occur to a slight extent.

"The question then resolves itself to that of the relative consumption and elimination of nitrogenized matters. The following are the facts on this point, observed during the five days of the walk:

"During the five days of the walk† Mr. Weston consumed in all, 1,173.80 grains (76.055 grammes) of nitrogen in his food. During the same period, he eliminated 1,807.60 grains (116.084 grammes) of nitrogen in the urine and fæces. This leaves 633.80 grains (40.030 grammes) of nitrogen, over and above the nitrogen of the food, which must be attributed to the

* See my work on Physiology, New York, 1870, vol. iii., p. 140, *et seq.*

† I have reduced these calculations, on account of their great importance, to grammes.

waste of his tissues, and probably almost exclusively to the waste of his muscular tissue. According to the best authorities, lean meat, uncooked, or muscular tissue, contains 3 per cent. of nitrogen.* The loss of 633.80 grains (40.030 grammes) of nitrogen, would then present a loss of 21,127.00 grains (1,334.33 grammes), or 3.018 lbs. of muscular tissue. The actual loss of weight was 3.450 lbs. (1,565.00 grammes). This allows about 0.43 lb. (230.67 grammes) loss unaccounted for, which might be fat or water.

"The correspondence of these figures of loss calculated from the amount of nitrogen eliminated with the actual loss in weight leaves no room for doubt with regard to the fact that the immense exertion during this period of five days was attended with consumption of the muscular substance. Those who have adopted the view that the muscular system is like a steam-engine, consuming in its work food as fuel and not its own substance, may say that this is an extraordinary case, as it undoubtedly is; but the facts developed by the foregoing observations prove, none the less conclusively, that the muscular system may consume its own substance by exercise, even when the individual takes all the food required by his appetite. It can hardly be, however, that the foregoing facts are not in accordance with a general physiological law.

"It will be interesting, now, to study the behavior of the system after the walk, when there was almost absolute repose, and when the quantity of nitrogen taken with the food was largely increased. The important question here is the following:

"In the return of the weight to the normal standard, did the muscular tissue take up nitrogen to repair the excessive waste engendered by the five days of exertion?

"In two days after the walk, the weight had increased to within four ounces of the standard at the beginning of the observations, five days before the walk. It is not to be expected that this increase would be due entirely to appropriation of nitrogenized matter by the muscular system. Reference to the tables of diet for these two days shows that the food taken was about 155 oz. each day, the normal average being assumed at 90 oz., an excess of a little more than 70 per cent. The nitrogen taken was about 50 per cent. in excess of the normal amount. The tables also show a large proportion of non-nitrogenized matter in the food on those days. The exercise was only two miles daily. Mr. Weston gained in weight 4.5 lbs. He retained in his system an amount of nitrogen equivalent to 1.1 lb.

* Payen, *Precis theorique et pratique des substances alimentaires*, Paris, 1865, p. 488.

In view of the muscular inactivity and the large proportion of non-nitrogenized matter in the food, it is fair to assume that the remaining 3.4 lbs. was due to accumulation of fat. This, however, is a point incapable of positive demonstration. Taking the entire period of five days after the walk, the gain in weight was five pounds, which brought it 4 oz. above the weight at the beginning of the fifteen days. The excess of the nitrogen of food over the nitrogen of the urine and fæces represented, for these five days, an accumulation of 1.6 lb. of muscular substance. During this time there was almost complete repose of the muscular system. The daily quantity of food was about 61 per cent. over the normal average, and the nitrogen, about 42 per cent. over the average. The food contained, also, a large proportion of non-nitrogenized matter.

"These facts seem to indicate that, after the immense effort in walking 317½ miles in five consecutive days, for five days of muscular inactivity, the quantity of food being large and containing a greater proportion of non-nitrogenized matter than the food taken either before or during the walk, the muscular system appropriated 1.6 lb. of nitrogenized matter, and the entire body accumulated about 3.4 lbs. of fat. It is well known that athletes, after a season of severe training by exercise and nitrogenized diet, accumulate fat very rapidly, when the muscles are allowed repose and the diet is unrestricted."

"The following conclusions were arrived at in regard to the influence of nitrogenized food upon the excretion of nitrogen:

"Every day that an excess of nitrogenized food was taken, it was followed, on the succeeding day, and, on one occasion, on the succeeding two days, by a largely increased discharge of nitrogen in the urea and fæces, the discharge on these days exceeding the amount taken in the food; but the general average for five days, during the period of five days before the walk, and the period of five days after the walk, was from 92 to 95 parts of nitrogen discharged, for every 100 parts of nitrogen introduced.

"The average for the five days after the walk shows an introduction of 440.93 grains (28.569 grammes) of nitrogen daily, an excess of about 42 per cent. over the average for an ordinary man. For every 100 parts of nitrogen in the food, the average daily excretion, during this period, was 91.93 parts."

"As regards the elimination of phosphoric and sulphuric acid, the following averages were obtained:

"For the first period, five days before the walk, the average discharge of phosphoric acid was 50.14 grains (3.262 grammes), and of sulphuric acid, 41.57 grains (2.693 grammes). The

average quantity of nitrogen in the food was 339.46 grains (21.994 grammes).

"For the second period, five days of the walk, the average discharge of phosphoric acid was 76.63 grains (4.965 grammes), and of sulphuric acid, 53.50 grains (3.666 grammes). The average quantity of nitrogen in the food was 234.76 grains (13.211 grammes).

"For the third period, five days after the walk, the average discharge of phosphoric acid was 56.89 grains (3.674 grammes), and of sulphuric acid, 49.02 grains (3.176 grammes). The average quantity of nitrogen in the food was 440.93 grains (28.569 grammes).

"These averages show that the walk of $317\frac{1}{2}$ miles in five consecutive days increased the excretion of phosphoric acid more than 50 per cent. over the excretion under ordinary conditions, notwithstanding that the nitrogenized food was diminished 31 per cent. Under the same conditions, there was an increase of about 30 per cent. in the excretion of sulphuric acid. The influence of exercise upon the excretion of the phosphates and sulphates, irrespective of the composition of the food, cannot be doubted.

"A comparison of the averages for the first period, five days before the walk, and the third period, five days after the walk, shows an increase in the excretion of phosphoric acid, for the third period, of 13.4 per cent., with an increase of 30 per cent. in the quantity of nitrogenized food. Under the same conditions, the excretion of sulphuric acid was increased 19.2 per cent."

"The average quantity of urine passed during the five days was 38.46 fl $\bar{z}$. The average quantity of liquids taken was 150.40 fl $\bar{z}$. This average of 38.46 fl $\bar{z}$ against 38.14 fl $\bar{z}$, the average for the five days previous to the walk shows conclusively that the walk of $316\frac{1}{2}$ miles in five days did not affect the quantity of urine; and that the immense amount of liquids taken during that time must have been discharged by the skin."

Prof. Flint says in conclusion:

"It is evident, from the results of these investigations, that the great question of the influence of muscular exercise upon the elimination of nitrogen can be accurately studied only by comparing the nitrogen of the food with that of the excretions; and this should be done, if possible, upon a perfectly physiological diet. It is indispensable, also, to extend the experiments over periods of several days each; otherwise the results will necessarily be confused and unsatisfactory. The observations with regard to the weight and various other conditions were necessary to control the more important points to be considered."

MORTALITY FOR THE MONTH OF JUNE, 1871.

Accidents, crushed	1	Dropsy, general	4	Measles	19
" asphyxia	1	" of peritonæum	1	" and complications	20
" drowned	6	Dysentery	17	Metroperitonitis	1
" gun-shot wound	2	" chronic	1	Meningitis	9
" fracture of skull	1	Enterocolitis	5	" and peritonitis	1
" run over by wagon	1	Enteritis	9	" cerebro-spinal	4
" by railroad cars	3	Epilepsy	1	" tubercular	2
" scalded	1	Erysipelas	3	Metritis and phlebitis	
Abcesses, general	1	Fever, puerperal	3	uterine	1
Abortion	1	" scarlet	2	Myelitis	1
Anæmia	1	" " & complicat's	1	Neuralgia	1
Apoplexy	7	" typhoid	2	Old age	5
Births, premature	26	Gastritis	2	Edema pulmonum	1
" still	48	Hæmorrhagica purpuria	1	Paralysis of abdominal	
Bowels, obstruction of	1	" internal	1	viscera	1
Brain, congestion of	7	" umbilical	1	Paralysis	3
" inflammation of	14	Heart disease	1	" and congestion of	
" softening of	1	" atrophy of	1	brain	1
Bronchitis	8	" fatty degenera-	1	Peritonitis	1
" capillary	4	" tion of	3	" puerperal	1
Cancer of breast	2	" valvular disease of	3	Pneumonia	22
" of groin	1	Hip-disease	1	" typhoid	4
" of kidney	1	Hip-joint, injury of	1	Purpura, acute	1
" of stomach	1	Hemiplegia	1	Pyæmia	1
" of uterus	2	Hernia, strangulated	1	Rheumatism	1
Childbirth	1	Hydrocephalus	10	" inflammatory	1
Cholera infantum	67	" acute	5	Scrofula	3
" morbus	1	" chronic	3	Small-pox	3
Consumption	43	Inanition	10	Spine, tuberculosis of	1
Convulsions	67	Intemperance	1	Sunstroke	1
" puerperal	1	Icterus	1	Suicide by shooting	1
Croup	4	Kidneys, Bright's dis-	1	" by hanging	2
" diphtheritic	1	ease of	1	" by morphia	1
" membranous	1	Liver, abscess of	1	Tabes mesenterica	19
Cyanosis	4	" hypertrophy of	1	Teething	6
Cynanche trachealis	1	" inflammation of	2	Tetanus traumatic	2
Cystitis, chronic	1	Lead colic	1	Uterus, hemorrhage of	1
" acute	1	Lungs, congestion of	5	Vertebra, fracture of	1
Debility, general	4	" and liver, conges-	1	Whooping-cough	6
Development deficient	1	" tion of	1	" and complications	2
Diarrhœa	19	" hemorrhage of	2	Unknown	1
" and complications	3	Manslaughter	1		
Diphtheria	6	Malformation	1	Total	558

COMPARISON.

Deaths in June, 1871, - 558 | Deaths in June, 1870, -- 720 | Decrease, --- 162
Deaths in May, 1871, ----- 525 | Increase, ----- 33

AGES.

Under 1	248	20 to 30	41	90 to 100	—
1 to 2	65	30 to 40	32	100 to 101	—
2 to 3	24	40 to 50	30	Unknown	1
3 to 4	21	50 to 60	13		
4 to 5	8	60 to 70	17	Total,	558
5 to 10	19	70 to 80	9		
10 to 20	26	80 to 90	4		

Males,-----	316	Single,-----	453	White,-----	549
Females,-----	242	Married,-----	105	Colored,-----	9
Total,-----	558	Total,-----	558	Total,-----	558

NATIVITY.

Austria-----	1	France-----	1	Poland-----	1
Bohemia-----	4	Germany-----	42	Russia-----	1
Canada-----	8	Holland-----	2	Scotland-----	4
Chicago, Native---	86	Ireland-----	49	Switzerland-----	2
Chicago, Foreign---	247	Italy-----	3	Sweden-----	4
U. S., other parts---	76	Newfoundland---	1	Unknown-----	5
Denmark-----	2	Norway-----	9		
England-----	9	Nova Scotia-----	1	Total,-----	558

MORTALITY BY WARDS FOR THE MONTH.

Wards. Mortality. Pop. in 1870. One death in				Mortality.	
1---	7	6,531	933	Accidents-----	16
2---	12	14,338	1195	County Hospital-----	11
3---	27	16,805	622	Foundling Home-----	15
4---	14	12,178	870	Home for Friendless-----	3
5---	13	11,605	893	Hospital Alexian Brothers-----	1
6---	45	19,486	443	Hospital for Women and Children	1
7---	32	13,849	433	Immigrants-----	6
8---	58	22,994	396	Jewish Hospital-----	1
9---	60	27,278	455	Marine Hospital-----	1
10---	17	13,750	809	Mercy Hospital-----	5
11---	24	14,988	620	Manslaughter-----	1
12---	21	13,976	665	Protestant Orphan Asylum-----	1
13---	4	8,943	2236	St. Luke's Hospital-----	1
14---	9	9,076	1009	St. Joseph Orphan Asylum-----	1
15---	44	20,382	463	Suicide-----	4
16---	18	13,975	776		
17---	26	17,118	658	Total-----	558
18---	35	17,069	488		
19---	4	8,738	2184		
20---	20	13,628	681		

Mean Thermometer for month, 72°; Rain, 5.940 inches; Deaths daily, 18½.

Compared with the month of May, there is an increase of only 38 in the number of deaths, indicating no unusual condition of the public health, although there is considerable difference in the cause of the same. There were 7 more deaths by brain diseases, 62 by cholera infantum, 19 by convulsions 14 by diarrhœa, 10 by dysentery, 5 by meningitis, 8 by tabes mesenterica, and 2 by whooping cough; while there were 14 less by accidents, 5 by bronchitis, 8 by consumption, 8 by croup, 4 by diphtheria, 3 by dropsy, 8 by scarlet fever, 6 by typhoid fever, 17 by heart diseases, 3 by inanition, 6 by old age, 17 by pneumonia, and 3 by teething. Adult mortality diminished, while infantile mortality increased.

The decrease compared with the corresponding month of 1870 is very great. There were 5 more deaths by bronchitis, 2 by erysipelas, 2 by congestion of the lungs, 22 by measles, 14 by pneumonia, and 8 by whooping cough, while there were 5 less by accidents, 2 by cancer, 2 by cholera morbus, 78 by cholera infantum, 2 by consumption, 22 by convulsions, 10 by croup, 26 by scarlet fever, 6 by typhoid fever, 3 by heart diseases, 2 by laryngitis, 2 by meningitis, 2 by old age, 2 by small-pox, 7 by sunstroke, and 13 by teething. It will be seen that certain infantile diseases have diminished the death-rate, while others increased it, though there is a general decrease in consequence of atmospheric

influences. The mean temperature of the month is the same, but there is a difference in the range of 16° , which will explain the decrease in the number of deaths, and this great change was incident to the last week of the month last year, which was the hottest of the year.

There is, this year, observable what might be termed a more decided hemorrhagic tendency than usual, although, as I remarked before, the death-rate is much lower than last year, in consequence of the most powerful climatic influences. The following table will show the meteorological conditions and number of deaths since 1866, for the month of June, plainly showing their influence, independent of any contagions of epidemic influence:

June.	1866.	1867.	1868.	1869.	1870.	1871.
Highest temperature.	99°	84°	88°	83°	100°	88°
Lowest	50°	46°	50°	49°	54°	58°
Range of	40°	38°	38°	34°	46°	40°
Mean	70	72.4	66.3	65.4	72	72
Rain	2.50	1.86	3.10	5.03	1.70	5.94
Mortality	319	283	305	434	720	558

It will be seen that the death-rate was highest for this month in the 8th ward, next the 6th and 7th wards, the number of deaths in proportion to the population being the same; then in the 19th, 15th, 18th, 11th, 3rd, 17th, 12th, 20th, 16th, 10th, 4th, 5th, 1st, 14th, 2nd, 9th, and lowest in the 13th ward. In addition to all local causes, it will be observed that there is an increase in the number of deaths in the wards contiguous to the Chicago River, particularly in the south-western part of the city, plainly demonstrating the effect of the exhalation of the Chicago River and the north-east wind upon life during this month.

JOHN H. RAUCH, *Sanitary Superintendent.*

SPINA BIFIDA.—Dr. Dyes, in the *Deutsche Klinik* of 18th March, relates how in his younger days a postilion came to him complaining of a swelling in the region of the sacrum, which lay a little above the os coccygis, and prevented him from sitting. Thinking that this was an abscess, the doctor made a small incision, and some clear fluid issued forth. In about five minutes the patient began to shiver, convulsions supervened, and in ten minutes he was a corpse. The swelling was spina bifida.—*The Doctor.*

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Original Contributions.

HOMŒOPATHY AS IT WAS AND AS IT IS.

A Paper Read before the Chicago Medical Society, July 17, 1871.

By CHARLES W. EARLE, M.D.

[PUBLISHED BY REQUEST.]

MR. PRESIDENT AND GENTLEMEN:—One year ago my term of hospital service expired, and I commenced the practice of medicine. During this short time I have not failed to notice the difference of opinion among the older, learned, and distinguished practitioners, as to the policy of attacking homœopathy.

I do not claim to have discovered the *correct* policy, and would never urge this as the reason for presenting this article.

I write upon this subject, gentlemen, believing that by so doing I shall myself become better acquainted with the merits or demerits of the so-called system, and with the hope that I may furnish to my younger brethren—colleagues in the regular profession—the correct status, as far as it is possible for me to learn, of homœopathy.

I shall not attempt to amuse, by telling stories of how babies have swallowed large quantities of homœopathic granules—highly attenuated, it may be—of course, *powerful*—and

still live; nor do I wish to abuse, or even speak ill, of any gentleman who may practice homœopathy, either because he can make more money by it, or is conscientious in doing so.

With these views it is certainly proper for me to write on this subject.

It appears to me also, that the medical profession, if they believe homœopathy a humbug, have the same right to speak to the people in regard to it, to warn them against it, to explain the false system to them, as the members of any other profession. The ministers of the gospel do this—they stand in the pulpit and explain to us the fallacies in theology that carry away a certain part of the people—the irreligions, that, as it seems to them, are sapping the morals of the community. But I do not at present believe it a humbug; I will not, unless, indeed, I *prove* it.

Let us now examine this system. What I have to present can best be arranged under the following distinct heads:

1st. Homœopathy as practiced by Hahnemann.

2d. The attempts made by homœopaths to foist the system into public favor, with the experiments made by different governments.

3d. Homœopathy as now practiced.

4th. A brief notice of Grauvogl's recent work.

Samuel Hahnemann, a native of Saxony, was born in 1755. When about the age of twenty years he commenced the study of medicine at Leipzig. During his studentship he was certainly not distinguished for his remarkable application or interest in his chosen profession.

Very early he evinced a susceptibility of being led away by transcendental follies, and in less than three years became a follower of Mesmer, or, at least, influenced by his teachings. It appears to us, also, that he lacked *stability* of purpose, that great essential for a successful medical man. That he lacked this essential will be suspected, when the fact is made known to us, that in twenty-eight years he changed his residence no less than twenty-four times; and also, during these years, he taught at one time German and Latin—at another

time devoted himself to chemistry and botany—had charge of an insane asylum—embraced Mesmerism, etc., etc.

He does not seem to have been a person whom we would naturally expect to have been a leader in his profession—much less, one to discover a new system of medicine—able and destined to supercede a system which had steadily advanced side by side with the other kindred sciences for centuries. But in 1810, he commenced to lecture—gave to his own system a classical name, and gratuitously called those practising the regular profession *Allopaths*. The rapidity with which he perfected the system is truly remarkable. He speaks of his great method of cure as “infallible,” “an unerring law,” and as “the great sole therapeutic law.”

In these days, with facilities acknowledged to be far superior to those enjoyed at the commencement of the century, the most ambitious student would be content, at the end of his labors, with one-hundredth part of what Hahnemann claimed at his first lecture. The substance of Hahnemann's theory, and what he claimed for it, is very well understood by you, and I will not here enter into any elaborate elucidation. All existing medical knowledge was claimed to be false. The ordinary practice of medicine was causing the death of many of those who were being treated by it, and when death did not ensue, the persons treated were left in a horrible condition, caused by the poisonous medicine. Diseases were to be cured by remedies capable of producing symptoms resembling those found in the disease under treatment. Medicine is powerful only when reduced to a wonderful degree of minuteness. Nature effects but little in the cure of disease. Only one medical substance should be administered at the same time. The union of several drugs destroys the effect, and sometimes produce a new disease. Many substances, commonly inert, by great shaking and diluting, develop great power.

The last theory of Hahnemann's which I shall* enumerate, and perhaps the most startling, is that *seven-eighths* of all diseases are caused by Psora. Startling as it may be to us, Hahnemann declares that nervous debility, hysteria, insanity, mad-

ness, epilepsy, rickets, cancer, yellow jaundice, gastralgia, epistaxis, hæmoptysis, asthma, deafness, and all other kinds of pain are caused by Psora, or, in the language of the non-scientific, that little harmless, and to some, comfortable disease—the itch. And it took Hahnemann twelve years to establish this one fact. After all this labor it does seem cruel that any body can be found who does not believe it.

I have thus given several leading ideas as advanced by Hahnemann, and professedly believed by his followers. Very many, both scientific and non-scientific people, would not care to investigate further a subject with so many pretensions and evident fallacies. They would dismiss it at once as unworthy of close investigation. Suppose a man should submit to the Academy of Sciences in this city, a paper in which he claimed that he had traveled to the moon, had actually conversed with the inhabitants there, and would now enlighten the Academy on the subject. Would they give it a thought? Suppose a person should say to the Faculty of the University at Evanston, I can square a circle—I can demonstrate it. Would they spend their time listening to him? There are certain things which are *absurd*—people let them alone.

But people have believed the system of Hahnemann, and so I continue my investigation. Let us be thorough and examine the details, and, first, how did Hahnemann prepare his medicine?

In order to appreciate the minuteness and delicacy of preparation, I quote from Hahnemann's *Organon*, 2d Am. Ed., p. 200: "If two drops of a mixture of equal parts of alcohol and recent juice of any medicinal plant be diluted with ninety-eight drops of alcohol, in a vial capable of containing 130 drops (for convenience of shaking), and the whole twice shaken together, the medicine becomes excited in energy to the first development of power, or, as it may be denominated, the first potency.

"The process is to be continued through twenty-nine additional vials. * * * *

"These manipulations are to be conducted thus through all the vials, from the first up to the thirtieth, or decillionth development of power which is the one in most general use."

The mode of preparation of medicine in the form of powder is quite similar, and needs not a description.

THE DOSE.—Hahnemann recommended the use of small globules of sugar, of the size of mustard seed; one of these globules forms a dose, containing about a three-hundredth-part of a drop of the dilution. Several years after he recommended that the globules should be merely smelled, and observed (see *Organon*, p. 332), that “all that Homœopathy is capable of curing, * * will be most safely and certainly cured by this mode of olfaction.” Testimony is not wanting to prove the power of his olfaction. A certain doctor, one of his disciples, says: “My own wife was cured by him, in this manner, of a violent pleurisy in the course of five hours.” Men and women walk the streets of our city to-day who certainly profess to believe that medicine, thus highly diluted, will produce marked results—believe, that by trituration, shaking, and diluting an inorganic substance, there is added a *dynamical* or *spiritual* power. So great was Hahnemann’s fear lest the *power* or *spirit* developed in an inorganic substance would be too powerful, that he directed that but two shakes be given.

In regard to remedies, little need be said in this connection. An entire change of drugs could not be immediately effected, and to remedy this, those in use (in some cases, at least,) were called by different names. Quinine was called China; Calomel, and the mercurial preparations, Mercurias. Many drugs which had been dropped from the pharmacopœia were taken up and paraded before the public as newly-discovered. Articles of food, which we take daily in variable quantities, and which we were not aware created or cured disease, when properly potentized, and used as directed by Hahnemann, became powerful remedies in this new system. Common salt, used homœopathically, is “a powerful and heroical medicament, which can only be administered to patients with the greatest caution.” We inhale the fumes of sulphur to a considerable degree, as when lighting the ordinary match; we are not aware of its creating or curing any disease, yet, carried to a high attenuation, and given by homœopathic hands, it produces, we

are told, marked effects. Bryonia is a drug mentioned quite frequently in homœopathic works, and said to be indicated in many diseases. The name is new to many of us who are young in the profession, but, by referring to our old pharmacopœias, we find it, and it is only dropped because its properties are excelled by many of our more modern drugs.

I might multiply these examples, but must pass to another topic.

The question may occur to some, how was Hahnemann able to make such a discovery? How perfect such a system of medicine? How obtain such a profound knowledge of drugs? etc., etc. I answer, mainly by his *provings*. By this, I mean, their experiments with remedies on themselves and their patients. How were these provings made? Mainly by Hahnemann and his disciples; but, in many instances, by honest and conscientious regular physicians. The result of those made by the latter class I shall notice in another part of my paper; what Hahnemann and his followers ascertained should be noticed in this connection.

Hahnemann says, upon the proving of remedies and the classification of the symptoms which arise, "depends the exactitude of the whole medical art, and the weal of all future generations of mankind." At first, the experiments were made with the crude drug, using the ordinary dose, afterwards by observing the effect with infinitesimal globules and dilutions. Hahnemann advised (see *Organon*, p. 218,) the 30'' dilution as the best for proving the power of a drug, and also claims that while under provings, "all symptoms observed are to be attributed to the medicine." What nonsense! Suppose, for instance, ten persons were selected—good, bad, or indifferent; plethoric or anæmic, sick or well; imaginative or of a cooler temperament—or, make the circumstances the most favorable, take ten persons, honest, healthy, and conscientious, not susceptible to nervous tendencies, *scientific*, if you please—give them the crude drug or the infinitesimal dose, and let them understand that every feeling, desire, or bodily inconvenience is to be attributed to the drug; what will you have? Look at this display of symptoms taken

from their own works. "After stooping some time, sense of painful weight about the head upon resuming the erect posture." "An itching, tickling sensation at the outer edge of the palm of the left hand which obliges the person to scratch." In the provings of *hydrastis canadensis* we are told (the dose being given at 8.45 a.m.), that at 11 a.m., sneezing in the sun caused flickering in the eyes."

Dr. Hempel calls particular attention to the "provings" made with sulphur. A student having taken for three weeks, three times a-day, five globules moistened with the tincture of sulphur, began to have a very troublesome feeling of fatigue. In the course of a few days the pain was felt deeper, as if in the young man's bones; a short time afterwards the head of the right tibia became very painful, and after the slightest exercise he had to go and lie down." All these terrible pains were caused, it will be remembered, by taking five globules, moistened with tincture of sulphur, three times a-day. The learned Dr. also favors us with some other symptoms caused by taking sulphur: "shooting pains in the eyes," "boring pains in the ear," "raw pain in the mouth," "digging pain in the teeth," "drawing pain in the upper teeth," "sensation as if he were smelling soap suds." He closes his lecture on sulphur with this grandiloquent burst of rhetoric: "If you would conquer the great mind of the profession, then let me urge you to ever think of homœopathy with hearts full of reverence for the consistency and universality of her teachings as a doctrine of life; a heavenly truth, which will not fail, if properly understood and universally applied, to link earth and heaven in one great cycle of sensual refinement, intellectual beauty, and social and religious harmony."

Some of the symptoms produced by common salt are, "rigidity of joints when they are moved," "paralysis," "frightful dreams of quarrels, murders, fires, thieves," etc., "awkwardness," "redness of the great toe"—many others are given. Symptoms produced by chalk: "great tendency to strain the back in lifting," "on walking in the air, sadness with tears," "flaws in the fingers," "disposition to weep, even about trifles," "disgust and aversion to all labour whatever," etc. These are but a few mentioned in Jahr's *Manual of Homœopathic Medicine*.

I have thus, gentlemen, given you an account of some of the leading doctrines of homœopathy as taught by Hahnemann. No attempt has been made to represent them unfairly, and my assertions are mainly from homœopathic authorities.

One doctrine remains to be examined—the law of cure—“*Similia Similibus Curantur.*” When I shall have examined homœopathy, as *now practiced*, you will agree with me in the statement I now make. The law of cure, divested of everything else, either devised by Hahnemann or dragged into the system by some of his followers, is the only disputed point between physicians and homœopaths. I therefore leave this point till near the close of my article.

II. I now come to the second part of my paper—attempts to gain for homœopathy governmental patronage, with experiments by both governments and individuals.

Hahnemann published his first paper in 1796; nine years later his first work; five years after this his *Organon*, and in 1828 his *Treatise on Chronic Diseases*. Hahnemann's ideas were somewhat, yet not entirely, original, and governments and individuals were not slow in testing the merits of his system. Governments are always willing and anxious to improve the hygienic condition within their boundaries, and our leading and best physicians are not biased in their opinions, but willing to avail themselves of everything to combat disease, and alleviate human suffering. The assertion is a false one, that physicians do not investigate new theories of disease. The true physician is investigating constantly, and he incurs the displeasure of such as Hahnemann and his followers because he will not permit himself to be influenced by money, enthusiasts, and pretenders. The Christian clergymen incur the displeasure of such as Joe Smith and Brigham Young for the same reasons. But what Government or individual, it may be asked, ever gave homœopathy a fair trial and found it wanting? Let us look over the list.

“In 1829, by order of the King of Naples,* a commission was appointed to test homœopathic remedies, under the following restrictions:

* See *Chicago Medical Journal* and *American Medical Times*.

“1st. The Commission shall consist of two Professors of the University of the Faculty of Medicine; two members of the Medico-Chirurgical Academy; two members of Public Instruction, and the Heads of the Hospital.

“2d. The Commission, after having proved the attenuations of the homœopathic remedies, shall place the said remedies in a strong box, firmly closed, with two different locks, the keys of which shall be returned, one to the Director of the Clinique, and the other to the Commissioners charged with following the treatment.

“3d. The clinical ward shall have but a single door, guarded by a sentinel; its internal arrangements shall be adapted to health; it shall not contain more than fifteen to twenty beds, and two visiting physicians, one chosen by the attending physician, the other by the Commissioners, who shall keep an exact register of all that happens to the patients, the changes in their disease, their regimen, cures, deaths, if any die.

“4th. The admission of patients affected with acute or chronic diseases, shall be left to the choice of the attending physician and commissioners, with this condition, that the attending physician shall not be obliged to take patients known to be incurable, nor shall diseases equivocal be considered proper for positive experiments.

“5th. The Commissioners having selected the class of diseases, the attending physician shall make known the symptoms, administer the remedies, and prescribe the regimen.

“6th. Each day the condition of each patient shall be determined by the attending physician and commission.

“The result of this trial of forty days of homœopathic treatment, under the observation of the commission named by the King of Naples, was the conclusion, that not only is this treatment of no effect, but that in certain diseases it has the inconvenience of preventing the employment of remedies capable of effecting a cure. The physician in attendance was M. de Horatus, author of a homœopathic work, and who had boasted of the most marvelous cures.

“Clot Bey, Physician-in-chief to the armies of the Viceroy of

Egypt, states (*Annal de la Med.-Physiolog*, Sept. 1834, Ency. Decr. 1834,) that a German homœopathic physician petitioned the Council of Health to try this system in the Hospital of Cairo, alleging its cheapness, etc. He was allowed to select patients suffering from ophthalmia and dysentery. The Council were convinced from this experiment that the homœopathic system was not entitled to their confidence. The following is the conclusion of the report of the Council of Health: "That the cures obtained were due simply to the hygienic and dietetic treatment adopted, and not at all to the infinitesimal doses." So unsuccessful did the trial prove, that the homœopathic practitioner was obliged to abandon the country.

"In April, 1832, a ward of thirty beds, in the Hotel Dieu de Lyon, was placed in charge of M. Guerard, the most distinguished homœopathic physician of that city, with liberty to select his patients. He selected fifteen, suffering from febrile affections—pneumonia, erysipelas, catarrh, etc. He visited them daily, and in presence of sixty students and several physicians, examined, prescribed homœopathic remedies, and directed the regimen. The experiment continued for seventeen days, when the physician voluntarily retired. During this time there was no improvement in the patients, nor any advantage gained which could be ascribed to the homœopathic treatment. The physician attributed his failure to the action of deleterious miasma, always existing in hospitals, and from which he could not protect his patients. He acknowledged that the remedies which produced such powerful effects in private practice, utterly failed in hospitals, owing to the emanations from the bodies of persons collected together, which neutralized the infinitesimal doses.—*Gaz. Med. de Paris, Ency.* Nov. 1833.

"In 1834, M. Andral employed homœopathic remedies in one hundred and forty cases, in the Hopital de la Pitti, of Paris. The arrangements of the ward, the regimen of the patients, and all the details of treatment, were carefully managed according to the direction of Hahnemann. The remedies were all obtained from the most eminent homœopathic apothecary in Paris, and administered with the most religious exactness. The result

of this trial proved the entire insufficiency of the remedies employed. It was found necessary, in most of the cases, to resort finally to the regular treatment.—*Bull. Gen. de Therapeut.* 1834.

"In 1835 the Homœopathic Society of Paris petitioned the authorities to establish a Homœopathic Hospital and Dispensary. The Minister referred the matter to the Academy of Medicine, which appointed a commission to draw up a report. This commission reported in substance as follows: That they had submitted the system of homœopathy to the most rigid tests and practice, without obtaining any other than negative results, so far as the action of remedies was concerned; while observation proved that grave dangers were liable to follow its adoption in some diseases, from the neglect of proper and reliable remedies. If the authorities yielded to this request, the advocates of Mesmerism, animal magnetism, etc., were equally entitled to have hospitals opened for the trial of their peculiar systems, and thus every form of quackery would demand attention. They advised that the petition be not granted. The Minister of Public Instruction, acting upon the advice of this report, refused the petition.

"In 1829, the Czar of Russia ordered that the system of homœopathy should be tried in several military hospitals. For several years the practice continued, and reports of marvelous success were annually published, but it has entirely failed of obtaining the confidence of the Government, and by a recent edict it is forbidden to practice homœopathy on the Russian territory."*

* Some months since the *Examiner* published a communication asking information in regard to the practice of Homœopathy in Russia. On inquiry of Col. Croswell, a gentleman of great culture and acute observation, who was appointed United States' Consul to St. Petersburg by President Buchanan, and resided in Russia some 15 years, I learn, that Physicians from other countries who take up their residence in that empire, and desire to practice Homœopathy or Allopathy, are required to pass an examination before the Imperial (Allopathic) Board of Medicine; that a diploma from a Medical College, well-known and in good repute, has considerable weight as evidence of qualification, and makes the examination less formal; that a Physician is not allowed to practice medicine without obtaining a certificate or license from the Imperial Board. The certificate is issued with the understanding, of course, that the regular sys-

In 1857, a resolution was introduced before the Board of Governors of the Almshouse Depot, New York, providing that one-half of Bellevue Hospital should be set apart for the practice of homœopathy. A committee was appointed to investigate the claims of the system, and in their report many of the facts and experiments brought out in Europe were communicated. I am indebted to the report of that committee, of which Washington Smith was chairman, for much of the preceding. It is not necessary for me to state to you, gentlemen, under whose management Bellevue Hospital has continued to advance and improve. It has been under the charge of gentlemen whose works we delight to peruse, whose names are bright on the page of our medical literature; men of professional standing—men *educated, enlightened, liberal*, but *always* of one school.

In 1862, the United States Senate took up the question, and Senator Grimes, of Iowa, introduced a bill placing some of the hospitals in and around Washington under the charge of homœopathsists. For aught I know, the eastern army may have been delayed while this momentous question was being considered. It was found, however, upon investigation, that other governments than ours had been petitioned—those petitions granted—the system tested, and in every instance failed. Our Government thought too much of her citizen soldiery to turn them over to a system so utterly devoid of anything to recommend it. Men, professedly homœopathsists, *did* obtain commissions as surgeons in our army, not to practice *homœopathic* surgery, or by passing a homœopathic examination, but by that miserable system of subterfuge and evasion, which, I am forced to say, they practice every day of their lives.

But what have individuals done to test this system? Have honest and competent men not pledged to this particular school ever tested its merits? The remark made in regard to governments always being ready to examine any new theory based on

tem of medicine is to be practiced. It is highly probable, however, that after obtaining their license they practice what they please. Perhaps I should say, that Col. Croswell has been treated homœopathically, and is not at all pledged to our system.

science with the desire to improve her hygienic condition, I may now repeat, and apply it to individuals. As a profession, we desire everything that will benefit our patients. We are not given to any one idea, or school, or ism. We are not such consummate fools as to let a patient die, if anything under God's heaven, wherever found, would save that patient. And yet, if one takes homœopathic authority, he would conclude that we plan to let those committed to our care perish.

Some of our most distinguished physicians have tried homœopathy; let me quote from some of them. M. Andral says, "I have submitted this doctrine to experiment; I can reckon at this time from one hundred and thirty to one hundred and forty cases, recorded with perfect fairness, in a great hospital, under the eye of numerous witnesses; to avoid every objection I obtained my remedies of M. Guibourt, who keeps a homœopathic pharmacy, and whose strict exactness is well known; the regimen has been scrupulously observed, and I obtained from the sisters attached to the hospital a special regimen, such as Hahnemann orders. I was told, however, some months since, that I had not been faithful to all the rules of the doctrine. I therefore took the trouble to begin again. I have studied the practice of the Parisian homœopathists, as I have studied their books, and I became convinced that they treated their patients as I had treated mine, and I affirm that I have been as rigorously exact in the treatment as any other person."

This same distinguished physician, assisted by several others in good health, also experimented upon themselves with their most highly extolled remedies. The experiments continued for one year, and were with such drugs as cinchona, aconite, sulphur, and arnica. At the end of the year, he publicly stated to the Academy of Medicine, that not a single symptom attributed to arise from the use of the drug was experienced by either himself or associates.

"During the Peninsular War, M. Bonnet, President of the Royal Society of Medicine, of Bordeaux, used cinchona as a preventive against various diseases, but never noticed the pretended symptoms." It has been claimed that belladonna, given

in infinitesimal doses, would prevent scarlatina or cure the disease *instantly*, where the remedy had not been given as a prophylactic.

Many good mothers in our land are undoubtedly waiting, with the omnipotent-globule in hand, the first appearance of this dreaded disease, never doubting its power to cure.

In 1849, two homœopathic physicians in Cincinnati, claimed to have treated 1116 cases of genuine cholera with a surprising small loss; but the superiority of homœopathic treatment of cholera may now be confidently denied. Even the boldest defenders of the system now admit its insufficiency when the disease is severe.

Dr. Russell, one of the editors of the *British Journal of Homœopathy*, says—"We cannot help deprecating the boastful tone we so often hear assumed by homœopathists on this subject—the treatment of cholera." Dr. Fluschman, of Vienna, with a large experience in homœopathic treatment of cholera, says—"Every remedy which has been recommended has been tried and tried again by us, but I have little to say in praise of any of them."

I have now passed in review Parts I and II of my essay. I have examined the leading ideas of homœopathy excepting the law of similia. The trials given homœopathy by different governments have also been given. We have seen that Hahnemann was not a man whom we would naturally expect to be the author of any thing original or remarkable. He conceived a theory and at once declared it—"Infallible." We have spoken of the dose, the manner it is prepared, etc.; we have noticed also the itch doctrine. This system of medicine was given to the world about 75 years ago. How has it stood the test? What does Hahnemannian literature say on the subject?

Examining it fairly, without prejudice or passion, let us see if the practice of the gentlemen of our city, known as homœopathists, agrees with the rules given by Hahnemann. With an earnest desire to speak the truth, let me answer the question. At first I am compelled to say, and our homœopathic brethren confess it, as will be seen by a quotation which I shall read presently, that they have hardly a work written by a homœo-

pathist to which I can refer. There is a perfect dearth of homœopathic authority on every thing except therapeutics.

From the very beginning there has been a gradual letting down from the doctrine of Hahnemann. First they tell us there is nothing in the dose. They use enough medicine to cure the disease, but on the *homœopathic principle*. If they do away with the dose they must of course do away with their fine figured way of preparing it. One by one they throw overboard the pet idea of their patron saint Hahnemann. They say that homœopathy is advancing, Hahnemann's ideas are very old. Dr. Richard Hughes has written a work, purporting to be to a friend (a convert), who is anxious to know something of homœopathy. He devotes 22 pages to mercurius—calls it calomel, lauds it to the skies, and says we give it in certain affections in about the same dose you do, stopping soon enough to avoid salivation. Who don't?

Dr. Holcombe, of cholera fame, has published a little pamphlet, in which he assumes to tell us just what homœopathy is. He advises the use of about everything the regular physician places any confidence in, even the much-abused and neglected lancet, and yet you will all remember that it is on the *homœopathic principle*!

In this city we have about 75 medical men professedly homœopathists. A prominent and influential member of the school informs me that only eight or ten at most of that number are pure undeviating homœopaths. One of our druggists gives it as his opinion that they have only five or six who are true to their profession. These gentlemen, if I understand it correctly, believe every word of Hahnemann's writings, and try to follow his teachings. What shall I say of the rest? Several of them are professors in the Hahnemann school in this city. The word homœopathist is displayed on many of their signs. By every way possible they certainly pretend to be homœopathists. We see them on the street with the customary little pocket cases. Now, how about their practice? It is altogether at variance with what they profess. One of their professors in this city, recently gave for a periodical neuralgia, quinia sulph. grs. xxiv,

divided into six powders, one powder every four hours. The patient was cured in 24 hours. This was after about ten days treatment with sugar-coated granules. Another homœopathic gentleman, an author, at least he has written one small work, buys calomel and quinine by the ounce. Some of his prescriptions also are known to some of us; they are simply *immense*. A medical friend of mine vouches for the truth of the statement, that he knows of grs. ij. of quinine being given every two hours by a homœopath to a child ten years old. The same friend was called to visit a child in convulsions, who was under the treatment of a homœopathic gentleman. The family, having always had regular treatment, had only recently employed a homœopathist. They were disappointed in homœopathy and spoke of changing again. The homœopathic physician said to the family—"You need not change physicians; your child is taking allopathic drugs in allopathic doses!" At this very time almost every available place in our city is covered with an advertisement of somebody's "Home Bitters." The dose of the compound, as given on the bottles, contains about 6 grs. of gentian, 3 of wild cherry bark, 9 of orange peel, 3 of camomile, 3 of Peruvian bark, 3 of cardamon seeds, and 6 of columbo. It is endorsed and recommended by five homœopathic professors. The *Investigator* confirms this with lamentations.

Some of the homœopathic physicians in this city, in the treatment of a patient, are accustomed to give large doses, such as 20 grs. bromide potassium, associated with, perhaps, a millionth of a grain of lycopodium. If the patient recovers, it was the lycopodium that influenced the disease. A well known homœopathic physician, with an office in quite a central locality, always appears on the street with two homœopathic medicine cases under his arm. An acquaintance, a clerk at the drug store near the gentleman's office, upon going to a neighboring city to locate, gave me a specimen of homœopathic prescription writing. This physician has his private formulæ for ointments and mixtures, and in addition, gives in the ordinary way, iod. potass., mercury, opium, morphia, quinine, in fact, every remedy, which is considered standard by the so-called

allopath, in good round doses. But it is a needless expenditure of time to multiply such testimony, inasmuch as it only establishes what homœopathists themselves are frank to confess.

A few *propositions*, advanced by our homœopathic friends, deserve to be noticed. They tell us that homœopathy is an advance from allopathy. Said a well-known homœopathic physician to me some months ago, speaking of his long continuance in the profession and his advanced age, "I jumped ahead of you fellows 25 years ago; I am a homœopathist." A few words in regard to the claims that homœopathy is any advancement in medicine and I pass to a second assertion. The living body is made up of organs. All are endorsed with certain and appropriate natural powers. These powers are so adjusted that they have a tendency to preserve the whole organism in a perfect state. When, from any cause, internal or external, any irregularity occurs, if slight, this regulating principle is sufficient to control the action of that evil cause, and restore the system to its natural condition. If the cause of the disease is profound, too severe for this regulating principle to regulate, then the physician with his remedies steps in to assist this principle. This I understand is the true system of medicine. The science of medicine has advanced during all past time hand-in-hand with the kindred sciences. The advance has been slow, but the improvement sure. Articles in our materia medica worthless have been thrown out. There has been a general weeding out. Physicians write less intricate prescriptions; they have learned to trust nature more. And the only principle which I know anything about, homœopathy, eclectics, hydropathy, *et al.*, to the contrary notwithstanding, is that a sick person is to have just what experience has taught will cure him.

Homœopathy came, and with one mighty bound went *back* 500 years. Its advocates invaded the *loathsome* for remedies with which to humbug the people. Take Jahr's Pharmacopœia and look at their remedies. On page 96 you will find an account of the American pole-cat or skunk. The learned author of the advance school says, "near the *anus* there is a

pouch where the follicular glands secrete an odorous matter; the animal squirts his liquor, etc. We make the three first attenuations by trituration." The black spider (see page 83) is prepared for homœopathic medication by putting the whole animal in alcohol; "macerating it for weeks, and even months, and then decanting the clear liquor, which is the mother tincture." "The three first attenuations of the common wood-louse" are prepared by trituration; the tincture, by 20 parts of alcohol. "Lachesis (snake poison) is procured from the poison bags which are found in the upper jaw of these reptiles."

Prof. O. W. Holmes writes that, "it is said the *pediculus capitis* (the common head-louse) is actually prescribed in infusion—hunted down in his capillary forest, and transferred to the digestive organs of those he once fed upon."

What may we expect next? The Album Græcum has been omitted. That was formerly used in medicine. Why not prepare the first three attenuations by trituration? And this is advancement!

Again, they say it is *popular*—it is supported by enlightened and fashionable people.

I know at least one homœopath—who, by the way, is quite true to Hahnemann—who has it as a standing argument, that the high-bred, the elegant, the first-class people patronize him. His practice is all good pay. He never has any low Dutch and Irish apply to him for medical advice.

I admit that poets sing its beauties, that dyspeptic clergymen exalt its merits in their papers, and that it is a favorite with babies. There is also a class of delicate, nice, fastidious, squeamish people, who eulogize this system. They panegyryze, cry up, and bless everybody homœopathically inclined. It is so pleasant to have the doctor around twice a day, the medicine is cheap, and then it is *sugar-coated*. And those homœopathic balls—they have had two in New York and one in Chicago—are such high-toned affairs, nothing low or vulgar, none of the poor there, and they do *so much* good. This argument is certainly weak, yet some homœopathic physicians, and many of their patients, use it.

Granting for a moment that it is true—that all the fashionable employ homœopathists. What part of our population live in marble-fronts? How large a part on our avenues? What class of people have acute disease—diseases which need treatment—and what class, aches and pains, which only a homœopathist can enumerate? The poor, the over-worked, those living in unhealthy localities, families not surrounded with those things which make life happy and promote healthfulness in the community; those exposed to every change of weather; the middle-class, constituting the great majority—are the persons who are acutely sick; among these various classes thus enumerated the true physician finds his work.

The pretensions of homœopathy have never succeeded among these people. It sounds badly, however, even if true, for homœopathists to boast and swagger over patients elegant and refined, yet simply dyspeptics and hypochondriacs.

Our homœopathic friends have a few standard statements, which they are accustomed to throw out to the people at every opportunity. They never let a chance go by without suggesting some of their favorite considerations to those who will listen:—

1st. The distinguished physicians who have embraced homœopathy.

2d. The decreasing death-rate in hospitals as soon as homœopathic treatment is instituted.

3d. Their wonderful cures.

When we come to examine these statements we are surprised at the bare-faced misrepresentations. Hahnemann was accustomed to make a most formidable display of distinguished authorities. Several gentlemen have taken the time, and have tried to look up those authorities—some of his quotations cannot be found—many others, Prof. Jøerg, of Leipsic, has proved to be adulterate and false; and, of the few found by Prof. Oliver W. Holmes, two were wrongly quoted and one a gross misrepresentation.

Among the many names, displayed in an imposing manner, of those who had openly confessed the power of homœopathy,

and acknowledged its supremacy over the ordinary method of practice, may be found M. Breschet, of Paris. Prof. O. W. Holmes has a literal translation of a letter from this gentleman, which I will read:—

*“ Dear Sir and Respected Professional Brother:—*You have had the kindness to inform me in your letter, that a new American journal, the *New World*, has made use of my name in support of the pretended homœopathic doctrines, and that I am represented as one of the warmest partisans of homœopathy in France. I am vastly surprised at the reputation manufactured for me upon the new continent, but I am obliged, in deference to truth, to reject it with my whole energy. I spurn far from me everything which relates to that charlatanism called homœopathy; for these pretended doctrines cannot endure the scrutiny of wise and enlightened persons, who are guided by honorable sentiments in the practice of the noblest of arts.

I am, etc., etc.,

G. BRESCHET,

*Prof. in the Faculty of Medicine; Member of the Institute;
Surg. of Hotel Dieu., and Consulting Surg. to the King.*

PARIS, 3d November. 1841.

In regard to hospitals, Hahnemann established one at Leipzig, and yearly issued a report, giving remarkable cures, and proving, by tabulated statements, the superiority of homœopathic treatment. The hospital ceased the year following Hahnemann's death. At least two homœopathic hospitals, one in London and one in Vienna, have been discontinued within the past few years. They complain that the control of hospitals is not given into their hands. When they are established they are not able to sustain them. Tabulated statements, pretensions, and braggadocio will not maintain a hospital. Sooner or later the truth will come to the light.

The ostentatious ways in which they speak of their cures is truly amusing. I can barely notice their fallacies in this respect.

I believe it is universally conceded by all members of the regular profession, that the efforts of nature will, in many

instances, sooner or later, cure a great part of the milder diseases we are called to treat. Perhaps in 90 cases out of every 100 in daily practice, our patients would, in time, recover through the restorative efforts of nature. The physician assists these efforts of nature, whose tendency is to cure the patient, and therefore, as a matter of mere economy, he is useful in most of the milder diseases. That man who would be sick ten days if left entirely to himself, might, in many cases, be restored to his business at the end of the second by obtaining the advice of a physician who recognizes the power of nature, and is willing to use a remedy which experience has proven will assist the power already at work.

Not so with the homœopathic physician. He cares nothing for physiology or pathology. He recognizes no power of nature. "*Similia Similibus Curantur.*" A little more of the same poison. And if 90 out of 100 get well, under homœopathic treatment, the little globule *always* does it.

Rummel, a distinguished writer in the homœopathic school, cures a case of jaundice in *thirty-four* days—pulsatilla, aconite, and cinchona are the weapons.

A man in Saxony sprains his ankle, and is so unfortunate as to call an allopathist. He is treated in the common vulgar way for two weeks, and not cured. He calls a homœopathic physician, and, strange as it may appear—*mirabile dictu*—in a little over a month is cured by arnica used homœopathically. This extraordinary case is then published.

Another case is recorded of a patient with a cold in the head. She is taken through that illness, restored to her weeping friends, in six days.

The President of the Society informs me, that a few years ago, the fact was blazoned before the public, that a fractured bone united, actually *healed*, in three days under homœopathic treatment.

It is now going the rounds among our homœopathic brethren in this city, that pulsatilla given in an infinitesimal dose will correct the malpresentation at the superior strait. But reports are nothing, let us proceed on a scientific basis, and take one

of their journals for authority. (See *Medical Investigator* for 1869, page 123).

Dr. Beebe, of this city, is speaking in the State Homœopathic Society. "He believed physicians should draw a wide contrast between homœopathic and allopathic surgery. There is a vast difference in the result. The mortality is very much less, and we can undertake operations with hopes of success that they dare not undertake. So sure is he of success, with his remedies to aid him, that he feels able to undertake almost any operation. Believed that before another twelvemonth he would extirpate a lung. Has a case now, were it the right lung that was diseased, instead of the left, he would excise it."

The axiom, *Similia Similibus Curantur*, I shall notice very briefly. This, it appears to me, after a very patient review of the way homœopathy is actually practised in Chicago, is the only disputed question. If there is to be any discussion between the two schools, it can be on this question, and this only. The infinitesimal dose has long since been given up. The high attenuationists sometimes attempt to argue, from a Hahnemannian standpoint, or perhaps, at this time, they would quote Grauvogl, who clearly is now their champion. But the high potency men are so few and far between (about two per cent. of practicing homœopathists) that the mass of homœopathists controvert their argument at once. It is difficult to argue a question which they openly deny in practice. The mass of practicing homœopathists give as large doses and the same remedies as the regular school, and they dare not deny the fact. The assertion that it is all done on the homœopathic principle is too wide a departure from the truth for any body to believe. You must then count out 98 per cent. of practicing homœopathists—set them apart, and label them *mongrels*, The remaining two per cent. must prove—

1st. That small doses of a drug will ALWAYS cure a disease, which, when given in larger doses, will produce the symptoms of that disease.

2d. That a drug which will not produce similar symptoms *will* NEVER cure a disease.

3d. That a molecule of an organic or inorganic substance, by trituration and shaking, becomes equal to a molecule of *living germinal matter*.

4th. That a molecule of this living germinal matter, homœopathically prepared, and enveloped in a covering of sugar, introduced into the mouth and down the œsophagus, will go directly to the diseased germinal point, and by *dynamics*, or *spirit power*, heal it.

5th. It will be incumbent on them to explain why so many who profess homœopathy get so far away from what they believe.

If they have such powerful remedies which will produce the desired result on the principle of *similia*, why in the world don't they use them? Why use our *crude poisonous* drugs when they have such elegant sugar-coated preparations, at once *so powerful*, and yet never known to injure any body? Let us hear from some of them on these points.

I come now to the last division of my subject. I must not omit to speak to you of a new text-book on homœopathy—Grauvogl's new book.

In the *Homœopathic U. S. Medical and Surgical Journal*, for January, 1867, will be found a most urgent and no less humiliating demand for the production by homœopaths, of standard medical works. It shows as well as anything I could write the kind of men who have embraced homœopathy. It is the confession of homœopaths themselves, contained in their own language, as follows:

"A leaden apathy has for a long time past been upon our homœopathic physicians East. We want solid acquirements everywhere; we want in our schools more pathologists and learned physicians—as Bennett, Watson, and a score of others. Writers, for instance, upon female diseases, and their surgical and mechanical treatment; and writers on obstetrics, such as Bennett, of London, Sims, Simpson, and Barnes. When will issue from our ranks, writers of such worth as Rayer, Casenave, or Wilson on diseases of the skin? Louis Andral, and Skoda, on diseases of the chest—West on diseases of children—Ricord

on syphilis; or such pathologists as Rokitsansky, Virchow, or Rock? Homœopathy is here a *humiliated beggar* to allopathy. Produce—produce! Were it but the pitifulest infinitesimal fraction of a product, produce it, in God's name!"

This is truly a homœopathic wail—a modern and infinitesimal cry for learned and educated men to write homœopathic books. "When will issue from our ranks," he cries in perfect despair. While the above pathetic appeal was being written, a gentleman in this city, noted for his charities, and, from all I can learn, a conscientious truthful homœopathist of the pure unadulterated Hahnemannic school, was translating a work from the German. The book was issued from the publishing house of the Western News Co., in the fall of 1870. Judging from what the homœopathists say of it, one must conclude at once that Grauvogl is the most candid, the most thoughtful, the boldest, the most enthusiastic, and the *only* writer of the age, and his book destined to supply at once the great want of standard works which has heretofore existed in every department of their entire science. The book is before us, containing nearly 800 pages of reading matter, well bound, with a picture of the author. The *Chicago Times* speaks of it carefully—praises its typographical excellence, and says the homœopathists are an indomitable lot of fellows. The *Tribune* praises its typography, and predicts that it will soon find a place in every homœopathist's library. The *Brooklyn Daily Union* says, "The work of Dr. Grauvogl has a double significance, as a new contribution to medical science as a whole, and as an exposition of a system which it develops and illustrates with fresh facts and carefully attested analogies." The *Medical Investigator*, Chicago, says, "Grauvogl has created a sensation." Dr. Eggert, of Indianapolis, says, "The work will—nay it must—become the bulwark of our school in the face of our enemies." Dr. Pearson, Mt. Pleasant, Iowa, says, "Grauvogl has opened a masked battery, and it will be difficult to come within range of his guns without being forced to surrender." Dr. Gatchell, speaking of the old school, says, "They will be impressed with the singular ability with which Grauvogl

handles their leaders and smashes their idols." Dr. Samuel A. Jones, of New Jersey, speaking of the book, likens it to a sword—"A scimitar, *cleaving* its way, etc." When Dr. Hering read the book, he exclaimed with delight, "At last we have a thinker!"

Now, gentlemen, you are expecting something formidable. Evidently Grauvogl thinks he has sounded the death-knell of physiological medicine. It is not my province to review this work, but, in order to bring down the history of homœopathy to the present time, I must notice its prominent features.

Text-book of Homœopathy, by Dr. v. Grauvogl, of Bavaria. Translated from the German, by Dr. Shipman, of this City. Published by Halsey and the Great Western News Co.; Contains about 800 pages, printed and bound in an elegant manner; the Table of Contents is very copious, and the work is divided into parts I and II. Part I discusses Theories and Principles, Part II the Practice of Homœopathy.

In his introduction, Grauvogl attempts to account for what he terms "the lamentable misconception and persecution of homœopathy." The physiological school, which he very kindly calls us, believe everything *impossible*, which to them is *incomprehensible*. A furious war was waged against the theory of gravitation on account of its incomprehensibility. It has been so at the commencement of all the sciences—homœopathy is not an exception; in its commencement it must expect to be persecuted; and people are acting in the same manner towards homœopathists as they did towards Newton, Galileo, Copernicus. None of the unlearned, and but few of the learned, can comprehend homœopathy. And our homœopathic friends lay themselves down in their little beds and comfort themselves with the idea that they are martyrs to science.

Our author gives his definition of life, health, and disease. It is nothing new for him to advance a definition of life; several have done it before him, and really he does not seem to have given a more correct definition than others before him.

Two men have been selected by Grauvogl as special objects of attack, Virchow and Leibig. With regard to Virchow, he

says, page 38, "What he (Virchow) teaches about the cell, as the elementary part of life, are facts of direct perception which constitute the *extreme limit* of that kind of knowledge of the physiological school. But this does not suffice for therapeutics at all, however it may satisfy physiology. He nowhere gives us any intimation touching the chemical composition of the cell." Dr. Grauvogl certainly shows great ignorance when he quotes Virchow as the only authority on elementary structure. He would have us believe that none but Virchow in our school had ever searched for the ultimate atom, and that it was left for homœopaths (especially and mainly to Grauvogl) to discover the only true anatomical unit. He seems to ignore totally Fallopius, Haller, Schwann, Henle, Huxley, and Beale. He would have one believe, and it is so represented in some of the non-scientific reviews, that all the physiological school know about microscopic anatomy is taught by Virchow, and that we accept his teachings *in toto*. We have had fifty men investigating this subject where our homœopathic friends have had one—in this branch of the science, as well as all others, homœopathy has been a "humiliated beggar" to the physiological school.

It is *extremely difficult* for Dr. Grauvogl to understand anything which Grauvogl did not devise. It delights him to speak of "new and far-reaching discoveries," "of gross errors," of such-and-such a thing which "*I* (Grauvogl) was the first to point out." His egotism is beyond all comparison—it must disgust his most ardent admirers. At page 398 we find the following modest sentence: "The hollowness of the physiological school manifests itself as soon as its doctrines are analyzed as has been done in *this work*."

From page 318 to 381 he gives clinical cases. Grauvogl's patients always come to him after being treated by some one of the physiological school—as a general thing they have been given up to die. Grauvogl *always* cures them—not a single fatal case can I find recorded in his work. At page 158 commences a report of a case. I hope, gentlemen, that I shall not be deemed prolix if I transcribe a considerable part of it.

The patient was 40 years old, and had taken a cold; was weak in his limbs, and was incapacitated for work. On the 7th day Grauvogl took charge of him. Whatever might have been indicated, homœopathically, could not be given, for Grauvogl had no homœopathic remedies at his disposal. He had to take crude allopathic drugs and dilute them in common vulgar water, in order to give any medicine at all. On the 19th day we find the patient in this most remarkable and critical condition. The temperature began to sink—the pulse to increase in frequency till it reached 130; on the morning of the 23d day the temperature was 35.6 C.; the pulse became small, until finally it could not be counted; an erysipelatous bed-sore had formed on the left shoulder, the sacrum, and the two hip-joints. Now I quote *verbatim* from page 161: “The patient, fatally ill, had the following symptoms which the adherents of the physiological school cannot explain—constant trembling of the hands; utter insensibility of the body, except a sensitiveness to a lowered temperature, even from removing the clothes when dressing the bed-sore; the bed-sore on the sacrum became black and hard; the countenance of the patient was rather yellow; his cheeks less red; he lay in a profuse sweat, which stood on his face in drops; at night he was very much excited, and murmured constantly. * * * His deafness was complete; the sense of smell was blunted; the lips and nails were blue; the tongue was dry and hard as a chip, as were his teeth; speech was impossible; although he took the drink offered him as if involuntarily, though greedily, yet he clearly refused it when it was not sweetened with sugar; he was most fond of plum sauce, though swallowing with difficulty.” etc., etc.

The symptoms enumerated are all italicized in the translation, and, I suppose, important. Concerning them Grauvogl further says: “What now? What allopath would not be utterly helpless in such a case, and declare the patient lost beyond all doubt? The homœopathist does not give up any patient as long as he still breathes, for the higher the difficulties rear their heads the more earnest is his zeal for the delivery of the patient. The consciousness of his superior power

holds him up ; a power which rests upon the law of similarity ; upon a law of nature ; upon a rock, whence flow thousands of healing springs."

Who shall speak after such a gushing quotation ? But the man lived. Grauvogl, unfortunate man, could not get to a homœopathic pharmacy, and he therefore mixed $\frac{1}{2}$ gr. argent nitras in 4 ounces of water, and 5 grs. of quinine, with 5 drops of acid, sulph. dil. in 5 ounces of water—a spoonful of each was given every four hours. Of course, the medicine cured him. Great is v. Grauvogl !

In regard to the cause of tuberculosis, our author speaks with great certainty. On page 275 he says: "With the rarest exceptions, tuberculosis is produced by the ossification of the cartilage of the first rib." To some of our older men, who have made the subject of lung difficulties a life work, it will be news that a congenital and hereditary influence, climate, and various diseases have nothing to do in causing tuberculous deposit, but that, with the rarest exceptions, the disease is caused by the ossification of the first cartilage. Dr. Grauvogl, it will be noticed, speaks very *decidedly*. Grauvogl himself makes the statement.

It would have been well for the foremost of writers on homœopathy, since the days of Hahnemann, to have been a little less positive in some of his assertions. He desires to make the distinction between the two schools very marked, and in his ardor certainly makes many statements inexcusable, unwarrantable, and *false*.

'Speaking of sun-stroke, on page 270, he says: "That physicians of the physiological school persistently, even to this day, prescribe general bloodletting." *This is not true*, and Grauvogl knows it, or ought to have known it before he wrote this book. Our authors and teachers are explicit on this point. General bloodletting is absolutely contraindicated, except in the apoplectic form of sun-stroke.

The work is filled with misrepresentations, and any one reading the book understandingly and impartially cannot fail to see them.

The author is a very unscientific writer. He makes mooted points indubitable facts, and contradicts himself and the school he represents again and again. On page 100, Part II, he declares, "that nothing which looks like a drug is allowed to be used," while on the following page he gives five rules where "*palliatives*" are permitted if homœopathy fails:

1st. He recommends tinct. opium to relieve pain, in from 3 to 40 drop doses.

2d. Emetics and castor oil sufficient to clear the intestinal canal.

3d. Iodide of potassium.

4th. The so-called diuretics in dropsy.

5th. Alkalies for neutralizing acids.

With one more quotation I am done with Grauvogl. On page 214, in speaking of the dose and remedy, I find the following extraordinary sentence: "The sole and simple question can only be what quantity of a substance, regardless of all subjective, convictions, and incomprehensibilities, is necessary in order to induce that chemical or physical counter-motion in any desired part of the organism, which is equal in intensity, and opposite in direction, to that which is induced by the morbid cause, in order to check this latter forthwith, or, at least, delay it, and then, by repetition, to remove it."

Now, here is a sentence taken *verbatim* from Grauvogl's book. What does it mean? Whatever its import, we must consider it as authority, for it is the utterance of a commander who "handles our leaders and smashes our idols." To me, *simply* and *only* this is meant. A patient has erysipelas, small-pox, or pyæmic fever. Such a dose of a certain remedy should be given (say nothing of the quantity) as will induce a chemical change in the specific poison of those diseases. In other words, neutralize the poison. Why was it necessary for Grauvogl to write 800 pages to tell his homœopathic friends this? It is taught in every college of the physiological school. We practice it every day of our lives. He says it must be "*equal in intensity*." Certainly it must, or it would not neutralize all the poison. He says, also, "*opposite in direction*."

How *opposite*, if homœopathic? If opposite, where comes in *similia*? Yet Grauvogl assures us that this is homœopathy.

In the first part of my essay, it was shown that with a great majority, at least, of homœopaths, their practice does not differ from ours. Examining the quotations which I have made from Grauvogl carefully—divesting them of much which is superfluous, it is very difficult to find that he has discovered any new fundamental principles of medical science upon which the practitioner can rely in his daily practice, or upon which he can ever hope to establish a practice essentially different from that of the physiological school. He advances the same specious theories—makes the same unwarrantable pretensions, and surrounds all with the same halo of reflected light, as all of his predecessors, but he has not searched out any safe ways in which to walk, or new and firm foundation upon which to stand. His theories, with all of his class, are surrounded with much which appears new. They have made, and are now making, great efforts to harmonize their pet theories with the general laws of our being, respecting which there can be no difference. It has been utterly impossible for them to do so, and slowly but surely they have come back to nearly the point of their departure. After reading Grauvogl it is impossible for us to come to any other conclusion.

This then is HOMŒOPATHY.

CASE OF PROTRACTED AND COMPLICATED DISEASE.

BY L. D. ROBINSON, M.D., of Brookfield, Mo.

Having had, by the kindness and professional courtesy of my esteemed friend Dr. R. J. Scott, a limited connection with a case of rather unusual interest, in many respects, I propose to furnish you the facts for the pages of the *Examiner*, as they have been given me by one brief interview with the patient, by Dr. Scott, and as revealed by the autopsy.

Mrs. Logsdon, aged 40 years, of nervo-sanguine temperament, said, that while a resident in the State of Illinois, some seventeen years ago, she was attacked with what *she* believed to be milk-sickness—but her medical attendant termed it malarial fever; that the attack was severe and of long continuance; that she dreamed, while in a state of semi-delirium, that if she would swallow a couple of sewing needles she would soon fully recover; that she was a seamstress, had an ivory needle case nearly full of assorted needles, with top screwed on, that her best impressions were that she swallowed it; at all events, she could never, after her recovery, find the needle case. This is the history of the matter given by the patient, both to Dr. Scott, her medical adviser, and myself.

Some three years since, she lost by death her husband, from the effects of which she seemed to never fully recover, and in August of 1869, removed to this vicinity, and almost immediately called upon Dr. Scott for treatment. The Dr. says he found her considerably emaciated, and her general health much under par, with an obstinate vomiting; but discerned nothing unusual in her case. He diagnosed chronic inflammation of stomach, and instituted treatment accordingly—keeping it up from month to month with varied, and, upon the whole, rather unsatisfactory results, up to the month of April, 1870; the patient emitting pus from the stomach, and, at rare times, per anum.

Finally, during the month of April, 1870, Dr. Scott was summoned hastily to the couch of his patient, and she described a peculiar stinging, painful sensation in the epigastric region when she moved her body, and upon examination, the Dr. discovered, immediately underneath the skin, evidences of some foreign substance, and upon cutting down upon it discovered and removed two needles. It was then the lady first told him the needle-swallowing story. I should have stated, that the needles found in the epigastric region, were bright, free from rust, and points keen and sharp!

The Dr. continued the treatment of the case, endeavoring to tone up the general health, and gastric mucous membrane, but

with varied, and only partial, success—meantime he continued to extract needles, as they would come to or near the cutaneous surface, from one to eleven at an operation, the greater number from the epigastric and hypochondriac regions, removing a few, however, from the upper and lower extremities—numbering in all, including pieces, *one hundred and twenty-one needles*, all of which he still has in his possession!

Those removed from the lower extremities and feet, were somewhat corroded or rusted, the points being considerably dulled or blunted by the action on them of the acids contained in the juices of the body.

For one month prior to her demise she seemed to be in rather a better state of general health than usual, and did quite an amount of ordinary housework daily, as was her custom during the entire time Dr. Scott had her case under treatment, with the exception of an attack of prostration confining her to bed for a period of near seven weeks, which occurred something over one year ago. She had the care of three children.

On Thursday, the 20th July, 1871, she did a moderate washing in the forenoon, cooked the dinner meal for children and self, eating heartily, after which began preparation for ironing, meantime commenced mopping house-floor in a stooping posture. Upon raising up rather suddenly, was instantaneously attacked by syncope, and sank upon the floor; from that she did not react, but remained unconscious, with lividity of cutaneous surface, and general visceral congestions, until death closed the scene within two hours from the sudden attack.

When I saw her, and conversed with her, on or about the 1st of July, and heard her history of herself, her sickness, the swallowing of needle-case, &c., &c., and the loss, by disease and death of her husband, some three years ago, my opinion was, and still is, that her bad general health, the cares and duties of life, in bearing and rearing a tolerably large family of children, and finally, the loss of her husband, had induced chronic or habitual nervous debility, and, as a consequence, chronic hysteria, and that, in its turn, finally brought about that inexplicable mania which so often pertains to such cases; that in-

stead of having swallowed, *seventeen years ago*, an ivory needle-case, containing needles, she had been swallowing them, from time to time, for the past two years, in order to become notorious, and secure the sympathy of her children, friends, and medical advisers; and Dr. Scott, with his very intimate intercourse with, and knowledge of, the case fully agrees with me in this view of the case.

Item. She had at one time strenuously claimed that she went *seven weeks* without one particle of nourishment, (other than a small amount of coffee daily,) and without a single evacuation of the bowels for five weeks of the seven! Yet was not in the least emaciated more than usual!

Also, a few days prior to death, she seemed to think the Dr. was not taking as much interest in her case as usual, as no needles had been extracted for several weeks, and but few, if any, persons had called to see her, as many had hitherto been doing, the people regarding her a sort of prodigy. She sent to the Dr., in a paper, what she represented as a portion of the ivory case, which she alleged, had been ejected from the stomach by emesis a few hours previously. Upon careful examination, the specimen sent by her, was found to be, unmistakably, pulverized muscle shell!

AUTOPSY.—Owing to a combination of circumstances, the *post mortem* examination was not had until forty-eight hours after death. In company with, and through the kindness and courtesy of, Dr. Scott, he and myself conducted the autopsy by first removing and examining the stomach, which we found entirely empty, but inflated with gas. There was general softening of its mucous membrane, with general dark-grayish discoloration.

We next examined the liver, spleen, pancreas, and abdominal viscera in general, finding nothing unusual or abnormal, save a pale, flabby, attenuated condition of the parenchyma of liver, spleen, pancreas, &c.

Upon opening the thorax, we first observed the heart to be about two and a-half inches above its normal position; whether this abnormality was congenital or otherwise could not be deter-

mined. The heart was much attenuated in its walls, and also atrophied—the walls of the auricles being almost as thin as the paper I write on. The walls of the ventricles correspondingly so. When it had been removed from the thorax and was laid upon the table, instead of maintaining its normal shape and rotundity, it would, of its own weight, flatten down into a shapeless mass, like a wet cloth.

The lungs were thickly studded with the miliary tubercle, but no vomica. The patient had never manifested any symptoms of lung trouble. Right lung and pulmonary pleura were firmly adherent to costal pleura; about two inches in diameter of the superior lobe of lung being thus adherent to walls of the chest.

We then examined the œsophagus, along its entire length, in order to ascertain if any recently-swallowed needles had lodged there, but found none.

The patient was very anæmic, and blood much impoverished.

Now, what caused the sudden death, and what was the mode of dying? Had the needles anything to do in the case? Dr. Scott arrived at the bedside of the patient near one hour before death, and from the Dr.'s description of the case, and the death, and from what light was thrown upon the subject by the hurried autopsy, we have come to the conclusion that it was death by syncope.

The heart being atrophied, and very weak, the blood very deficient in iron, especially the bloodvessels being much relaxed, and their calibre enlarged, when the patient stooped over, there was an unnaturally full rush of blood to the brain, and when the erect posture was assumed, there was an equally free and abnormal efflux of blood from the vessels of the brain, and a fatal syncope the result—the enfeebled heart and arteries, and want of natural stimulant property in the blood to prompt the heart to action, being sufficient evidence of the fact to sustain this hypothesis.

Again:—Were the needles swallowed seventeen years ago, screwed up tightly in any ivory case, as the patient claimed? Or is our prediction correct in taking the position that she had

been swallowing them, from time to time, within the past two or three years?

P.S.—I am indebted to Dr. R. J. Scott, of this place, for all the knowledge I have of this interesting case, and it is by his request that I have thus shaped up the facts for publication.

R.

DISEASED KIDNEYS IN SCARLATINA—EXPERIMENTAL STUDIES THEREON.

BY DR. CARL PROEGLER, Aurora, Ill.

During two epidemics of Scarlatina in New York State, I found that as late as up to the sixth or seventh week of continued illness, a great “desquamation” of the whole body of the patient took place. They were extreme hard cases, and combined with disease of the kidney. As soon as desquamation began, “albuminuria” and “hydrops” disappeared, and the patient got well. I concluded therefore to see whether there was a closer connection between the disease of the skin and kidney in Scarlatina, as there is at the present time thought of.

I used for the experiments rabbits. I suppressed the function of the skin by painting them partly over either with oil, gum, varnish, &c., or to produce inflammation of the skin I used croton oil and turpentine. I experimented on 13 rabbits. Two of them died after 40 hours, four in the first 24 hours. With the first six I noticed four times “albuminuria,” once the urine was free from “albuminuria,” and once I could not get any urine. The animals died, all with the same symptoms. Respiration, first superficial and quick, began to get slower and deeper. The extremities and ear cold, and death ensued by convulsions. The anatomical changes were the following:—the skin showed on the places where it was painted over, very large and strong injected vessels; greater and smaller petechias; subcutaneous tissues very moist; the inner organs very sanguinous; the right heart contained dark and badly coagulated blood. The kidneys, which were very dark and sanguinous, by examination did not

show any change of tissue by microscopic examination. Four others of the rabbits died in the course of six and nine days; one on the third. In four cases albuminuria was very great, the filtered urine showed but few morphotic substances, some epithelium and lymph globules, only in one instance they were more abundant, and appeared to be more transparent in cylindrical shaped form of pale opaque color. One of the animals died with pleuro-pneumonia on the right side, and strange enough, without any albuminuria.

In the four cases the following were the changes of the kidney, they seemed somewhat larger than normal. The outer surface smooth, the capsule easily to divide. The substance very dark and sanguinous, the "corticulis" dark redish-brown, interlined on some places with pale yellow stripes. The papilla of light rose color. The microscopic examination revealed the epithelium of the tubuli uriniferi somewhat shaded and enlarged. The glomeruli were very sanguinous, therefore not very transparent. The epithelium of the capsular dilatation of the malphigian body were normal. The epithelium of the straight tubes were normal, transparent, and well preserved. The bloodvessels of the "medullar substance" very strongly filled with blood. In the interstitial tissue of the kidney nothing abnormal could be found in the three cases; in the fourth case the interstitial tissues of the kidney were filled with dense masses of partly round and partly long-shaped corpuscles, the first a little smaller than white blood corpuscles, but with the same appearance. The central part of them could not be discerned.

Of the two last rabbits, one lived 15 the other 19 days. They both had on the first day "albuminuria." The residue of the urine showed "lymphoide corpuscles," with thick and red cells (dead epithelium) and red blood corpuscles; fatty and cylinder-shaped conglomeration, could not be found. The kidneys of the first animal (15 days) was very sanguinous, and the microscopic examination revealed the same facts as already mentioned, with the only exceptions that the "glomeruli" looked pale and bloodless, and that the free capillaries of the outer surface of the kidney were strongly filled with blood. The animal dying last,

the kidneys were pale, the cortical substance wider than usual, and of a dirty yellow-gray color. In the last instance the epithelium of the "tubuli uriniferi" was not very clear and not transparent. The tubes seemed to be filled up with a dark mass resembling fine coarse sand. Bodies of destroyed epithelium could be seen. No fatty degeneration. In the straight tubes the epithelial cells were well preserved and transparent. No interstitial changes of any amount.

By my experiments I draw the following conclusions:—"Large inflammatory diseases of the skin will lead to diseased changes of the kidneys, first to active hyperæmia, which will, by long duration, give rise to parenchymatous and interstitial anomalies of the tissues." Taking these results with the experiments in scarlatina together, we will find that at least part of diseased kidneys in scarlatina are produced not only primarily by the "scarlatinous poison," but secondary in consequence of "scarlatinous dermatitis." In healthy adults skin and kidneys will sustain each other. But in scarlatina the inflamed skin cannot fulfil its function, but how is not yet quite clear, and the whole function is thrown upon the kidneys. This causes "hyperæmia," and, in longer duration, inflammatory changes of the kidney. It has been very often noticed that where "albuminuria" could be detected the secretion of urine is greater. But the beginning and cause of scarlatinous diseased kidneys has not revealed anything specific. Thomas (Virchow's Archiv.) tried to explain some "cylindroide," but they can be found with any catarrhal symptoms of the urinary ducts. That they originate from the kidneys, on account of their curious shape is not very probable, and their relations with the ureters, on account of the "microchemical properties," rather dubious. If you add highly diluted hydrochloric acid to the urine, it will not dissolve, but add to it a little concentrated nitric acid they disappear, more resembling therefore the "mucus" than the "albumin." I never noticed changes of the cylindroide on the "ureters." I take them therefore for curious-shaped masses of mucus, and have for the kidney in scarlatina no practical bearing. But why scarlatina is so often complicated with kidney disease, more

so than in "acute dermatitis," is at the present moment not easy to say. The reason may be, that scarlatina covers the skin fully, unlike "morbillen" and "variola," where one may find between their efflorescence yet sound skin. My experiment shows that the skin in scarlatina claims our first attention. Baths and ointments of "glycerine salve" or Cologne water to be used externally, with the use of supoforics internally, etc. Belladonna, which has been claimed almost as a specific, has entirely failed in my hand.

SYPHILITIC PARALYSIS.

By LYMAN WARE, M.D., Chicago, Illinois.

It may sometimes be questionable whether it is profitable to the general practitioner to have extraordinary or rare cases written out and reported, their utility not being sufficiently apparent. Yet, in those cases which have been much neglected by our text-books, and where the pathology and consequent mode of treatment has not been fully determined upon, and where, also, prompt and definite treatment alone could substitute enjoyment for untold misery, it may not be altogether a waste of time and labor to call special attention to the study of a few cases of syphilitic disease of the nervous system which are complete in their history and typical of their kind.

Some of the earliest writers, as early even as the sixteenth century, made mention of nervous affections following far in the wake of primary syphilis. Still, there was so much of vagueness and uncertainty surrounding the cases reported, that the facts deduced from their observations were not generally accepted. So eminent a light in the medical world as John Hunter strongly denied that the brain or nervous system could be ever affected from syphilitic disease, and the celebrated Sir Astley Cooper, says, in his *Principles and Practice of Surgery*, "Some parts of the body are incapable of being acted upon by the venereal poison, as the brain, heart, and abdominal organs ;

indeed, the venereal poison does not appear to be capable of exercising its destructive influence on the vital organs, or those parts most essential to the welfare and continuance of life ; but the bones, muscles, and skin readily partake of its malignant nature."

The positive opinion of gentlemen so highly esteemed for their profound knowledge and great skill must have blinded their cotemporaries and followers to the perception of an important truth, and retarded the recognition of a truly terrible class of maladies, otherwise, it would be unaccountable how a disease, now so fully admitted, should have been unrecognized and unacknowledged for so great length of time by men of undoubted ability and knowledge, as it is now proven by *post mortem* examinations, beyond the possibility of a doubt, that the most troublesome and dangerous tertiary symptoms are those of the nervous system.

Among the first who called special attention to syphilitic nervous diseases, giving a full account of the *post mortem* appearances, was Dr. John Watson, of New York, who published his cases in the *New York Medical Journal*, of 1843 and 1845, since which time numerous articles have appeared, both at home and abroad, corroborating the fact that syphilitic deposition may take place, either in the brain substance itself, spinal cord, or their membranes. The morbid appearances, as most commonly seen, are thickenings and adhesions of the *dura mater* to the base of the skull and brain, covered here and there with nodules, varying in size from a pea to a walnut, and of a dark yellow color. At times, these nodules are found in the brain substance itself, producing irreparable mischief, or entirely surrounding the roots of special nerves, causing local paralysis, or, seated in the cord, giving rise to complete paraplegia.

It is not yet possible to determine definitely, from *post mortem* appearance alone, syphilitic from ordinary tubercular deposit, still, by adherence carefully to the history and symptoms of the case, a line of demarcation may be drawn as distinctly as between many other diseases. Where there is

syphilitic deposition, we have great and excruciating pain, particularly of a nocturnal character, with the presence of other tertiary symptoms, involving the skin, the bones, or both.

It is of the greatest importance that the true condition be early detected, and heroic specific treatment be at once adopted, else curable paralysis, *without* organic lesion, may be followed by incurable paralysis, with organic lesion. The spinal cord is less frequently affected than the brain, although precisely in the same manner. The *dura mater* of the cord being the original seat of inflammatory thickening, the exuded lymph is deposited entirely about the cord, greatly interfering with, or quite destroying its action. Interstitial inflammation and gummy tumors have been discovered in the substance of the cord, as well as in its surrounding membranes, producing complete paraplegia. In fact, paraplegia with violent sciatica, particularly on the left side, is the most common symptom of the disease in the cord. The diseases of the nervous system are gradual in their development, and those of the cord seldom make their appearance until years have elapsed after the primary lesion, which has been of either unusual violence or treatment much neglected. Loss of muscular power, or power of co-ordination, may exist, simulating progressive locomotor ataxia, from which it may be distinguished by the history and the excruciating nocturnal character of the pain in the lumbar region, extending into the loins and thigh, following the course of the sciatic nerves.

The cases given are from the private practice of the writer, and are gentlemen whose statement of facts can be fully relied upon.

The first, a case of syphilitic paraplegia, in which the exudation or deposit must have been of recent origin, judging from the rapidity with which the symptoms yielded to treatment. The second, a case in which the deposit was confined to the trunk of the *portis dura*, producing facial paralysis.

Mr. A. is a gentleman of more than usual intelligence; 34 years of age; a professional actor, and of general good health. In 1858 or 1860 he contracted syphilis. He and his mistress

were subjected to treatment at the same time. Being then actively engaged, he does not remember as to the length of time he was under treatment, but thinks about a month. He suffered no inconvenience, nor did the disease in anywise show itself until the winter of 1870, ten years after inoculation, when he had a large rupial ulcer on either tibia, which was only healed upon resorting to constitutional treatment, leaving the scars and peculiar tint still well marked. As soon as the ulcers healed medication was at once discontinued. No inconvenience again occurred until the winter of 1871, when he was troubled with occasional nocturnal pains in the tibia and lumbar region, for which he received alterative treatment of iodide of potassium, keeping the pains in check, though not subdued. In April, the pains returned with much greater violence and longer duration. In fact, he was scarcely free from them at any time, although they were much worse at night, even so excruciating as to keep him awake, and oblige him to spend many sleepless nights. During the second week of June, weakness of the lower extremities began to make itself manifest, unsteadiness of gait, inability to go up or down stairs, or walk any distance. This condition gradually terminated in complete loss of motion. When I first saw him, on the 12th of June, he was not only unable to walk, but he could not even stand unsupported, and required an assistant to turn him in bed. The lumbar pain was excruciatingly violent; the lower limbs were cold and numb, and, though movable, there was loss of co-ordination, resembling locomotor ataxia; no trouble in urinating or defecating; electro-muscular contractility, and sensibility diminished. Ordered iodide of potassium in ten-grain doses, three times daily, and a mercurial vapor bath at night; administered galvanization of the spine and lower extremities, by a current from a 32-cell battery; seance eight minutes, caused profuse perspiration.

June 13. Pain not so excruciating, and was able to sleep more the past night; symptoms otherwise unchanged. Treatment continued, excepting general and local faradization, which was substituted for galvanization.

June 14. Not so well; had more pain and less sleep than on the preceding night; medication continued, and galvanization again resorted to instead of faradization, also ordered jugs of hot water to the feet at night.

June 15. Patient much better; had a tolerable night's rest; galvanization employed, seance lasting ten minutes.

June 16. Patient decidedly better; slept well the past two nights; limbs not so cold and numb; prickly sensation much diminished. He now feels confident that he will recover. Internal treatment unchanged; vapor bath and galvanization only to be employed on alternate days. Patient went on rapidly toward recovery, so that by the latter part of the month he could walk by the aid of a cane, and on the 10th of July he could walk as erect and as firm as ever. Although he is still under treatment, it is more to prevent a recurrence of the disease, than a necessity for its continuance.

Nil says, "The course of the affection is slow, and, though it may be checked by treatment for a time, is seldom cured." Barton says of these cases, "They advance to a certain point toward recovery, but complete restoration does not take place."

Was it galvanization or early treatment that prevented so untoward a termination?

Mr. L. a sailor; age 38; had syphilis sixteen years since. Primary disease healed quickly under his own treatment, subsequently had sore throat, which rapidly healed by internal medication during a short stay at the hospital. Has had, at times, after unusual or severe exposure, "Ricord's tertiary accidents."

In 1869, fourteen years after the primary lesion, facial paralysis gradually made its appearance. When he first came under treatment, in January, he had been for the eighteen preceding months under homœopathic treatment for paralysis, but not for syphilis. The right angle of the mouth droops; the cheek hangs loose; features much distorted; diminution of sensibility not perceptible; farado-muscular contractility lost; galvano-muscular contractility normal; iritis with adhesions in the left eye from former diseases. Placed at once

upon pil. hyd., with inunction of ungt. hyd. at night, and administered galvanism every second day, applying one electrode either over the mastoid process or articulation of maxilla, and the other upon the paralyzed muscles. After the second seance there was decided improvement, and after the tenth, restoration was so nearly complete that further application was omitted.

This case is particularly interesting, showing, as it does, the diagnostic value, pointed out by Duchenne, of determining the seat of the disease by the current, the indirect current or faradization being powerless when the paralysis is of peripheral origin. As he improved the muscles gradually responded to the secondary current.



TREATMENT OF LUPUS EXEDENS.

By E. ANDREWS, M.D. Prof. of Surgery in Chicago Medical College.

The vagueness of diagnosis which hangs like a cloud about the subject of lupus, prevents the development of well-defined ideas of its treatment. The London Hospital for skin diseases employs the actual cautery in most cases, and many surgeons in private practice do the same with excellent effect. The horror of patients at the idea of the hot iron renders it, however, a rather inconvenient remedy in American practice. The German surgeons also complain of the extent of the cicatrices produced in this way. Hebra prefers to gouge out all the tissue which can be reduced to a pulp by the action of the finger nails. R. Volkmann, of Halle, takes the following course:—with an instrument like a small spoon, he first scoops away all the tissue which will yield to its scraping action, forcibly applied, then with a tenotome, or other small knife, he makes innumerable minute slashes and stabs into all the affected vascular tissue around, cutting until he reduces it to a sort of mince-meat, without, however, destroying the vitality of any of it. The ulcers then begin to heal, and the contraction of the multitu-

dinous small cicatrices reduces the affected surrounding tissue to a nearly natural condition. I have recently tried this plan with excellent effect in Mercy Hospital. The patient had lost the septum narium and part of the border of the nose, and of the upper lip. I removed all the diseased parts which would yield to a vigorous scraping action, and then slashed and stabbed all the red tissue in the vicinity. An immediate improvement began to take place, and in about four weeks the parts were healed. The tip of the nose, which had been drawn down, closing the orifice of the nares, and rendering respiration by that passage impossible, was supported by a gutta percha tube, and, as the cicatrix grew firmer, showed its power to maintain its position without further help. On the whole the results were so favorable as to give great encouragement to the further trial of Volkmann's method.

CHICAGO, No. 6, Sixteenth Street.

Correspondence.

RARE CASES.

MILWAUKEE, *July 15, 1871.*

PROF. BYFORD,—DEAR SIR:—The liberty I, a comparative stranger, take in addressing you, will be excused, I hope, on the ground of the singularity of two cases which have lately occurred in my practice, and which it is the object of this letter to communicate.

On the 4th of March, last, Mrs. ——— aborted, and so suddenly that she had not time to get to bed before delivery of a foetus of about four months. Her husband carried her to bed, and, in doing so, the foetus, with cord, was detached at placenta. On examination, I found the os tincæ but little dilated, and so exceedingly sensitive that I deemed it best to leave placental expulsion to nature. After an hour or two, gave ergot—no effect; then uvi ursi, with no better success. After three or four days' confinement to bed she arose, and resumed her

usual vocations, which she continued to follow with little or no inconvenience till the 21st of June, when I was summoned in haste to her bedside. Hemorrhage had suddenly occurred, and when I arrived she was cold and pulseless. I introduced two fingers and delivered the placenta, of normal size and *condition*, without the slightest approach to decomposition. The woman made rapid recovery.

Here is a case of placenta retained for nearly sixteen weeks, during the first four of which there was not even a lochial discharge; no enlargement of the breast, and for nearly four months the patient following her usual vocations—visiting her friends, and attending to household duties as usual. *At the end of four, and again of eight, and then of fourteen weeks, she menstruated regularly, and, to all appearance, healthily.* Has such a combination of symptoms and circumstances, usually, or even occasionally, been met with?

Two days ago, I visited a child three weeks old. At eight days old the nurse discovered milk discharging from the breasts; she daily, as she informs me, pressed from breasts one or two spoonful of milk, and, as the secretion was increasing, the mother had the “milking” discontinued, with the intention of “drying up.” When I saw her the mammary glands were hard, swollen, and inflamed, presenting in miniature a precise counterpart of an incipient abscess in breast of adult. I ordered poultices sprinkled with g. camphor. To-day, the inflammation is subsiding, and I hope to entirely arrest it without suppuration.

I shall deem it a great kindness on your part if you will inform me whether you have met with any such cases, or whether you are cognizant of similar recorded cases. I find none corresponding.

I am, dear sir, yours, very truly,

ALFRED L. CASTLEMAN, M.D.

Proceedings of Societies.

ÆSCULAPIAN SOCIETY OF THE WABASH VALLEY.

THE Semi-annual Meeting of this Society convened at Effingham, Ill., May 31st, 1871, Dr. Wm. M. Chambers, president, in the chair; Dr. R. L. Wallston, of Paris, Secretary *pro tem.*, read the proceedings of the Annual Meeting, when Dr. G. T. Ragan, of Neoga, was selected as Secretary for the remainder of the session.

After the usual business in form and the discussion of some subjects not of general interest, Dr. C. B. Cannon, chairman of Committee on Surgery, read a very interesting paper, especially written to give the author's views in regard to his experience in the use of the hypodermic injection of morphia as a curative agent in disease. His attention was called to this method in the treatment of sciatica and delirium tremens in an article in *Braithwait's Retrospect*, in 1861. Shortly afterwards commenced using it, but found the facts given in *Braithwaite* were not fully verified by personal observation, such as obtaining relief and sleep in five minutes after injecting one grain of morphia. It was often fifteen or twenty minutes, and then instead of quiet sleep, lasting from twelve to twenty hours, there was wakefulness with troublesome vomiting. This discrepancy was attributed to the physical condition of the patients. In hospital, the patients had been reduced in flesh, worn out by pain, physicked and dosed with all the usual remedies for sciatica before the injections were used. In the Doctor's private practice, his patients had no preparation whatever, but when he did prepare them uniform success followed, and he now feels free to say that any case of idiopathic neuralgia, wherever it may be located, will yield, after the proper regulation of the bowels, to the hypodermic exhibition of morphia in full doses; would use from two-thirds to one grain of the salt, according to the condition and habits of the patient, sufficient to produce narcotism, and make a profound impression on the nervous system. Ordinary idiopathic neuralgia, dum ague, sun pain, from malarial causes, will

yield to a single administration. No treatment will be successful in neuralgia dependent upon nervous irritation, caused by spicula of bone or ulcerated tooth, until the exciting cause is removed. Cases complicated with other diseases must be treated in accordance with the complications. Has never seen a case of gout, but has little doubt that after the preparatory treatment and the administration of colchicum, the nervous impression made by narcotism, induced by injection, would stop the paroxysm. Reported a case of a lady aged seventy, had been suffering from facial neuralgia for five years, had been treated by regular physicians and travelling quacks without any permanent relief.

The teeth all having been removed from that side without any salutary effect, the Doctor removed a portion of the jaw-bone, followed by tonics and anodynes, still only temporary relief; as a last resort, determined to use the injections; and accordingly, localized a full portion of morphia near the seat of the pain. The patient soon passed into a sleep that lasted through the afternoon and following night, she awoke next morning free from pain, and since that time has never had a single paroxysm and is fully recovered. Had used the injections several times in delirium tremens with very unsatisfactory results.

The want of success may be attributed to two causes: First—The extreme tolerance in this disease of the nervous system to the effects of opium; and secondly, that many of the so-called cases of delirium tremens, especially the fatal ones, are really the result of organic lesion within the brain, and the connection between the sensorium and the ultimate ramifications of the nerves is so modified by disease as to render powerless any influence to produce sleep. Remarks were made by Drs. Miller, Told, and Chambers in support of Dr. C.'s views. Dr. Chambers thinks the solution should be recent, it loses its virtue by age; he never goes abroad without his hypodermic apparatus, prefers the sulphate to the acetate of morphia.

Dr. Wallston read the report upon obstetrics which elicited a general discussion. Dr. L. J. Willien reported a case of ulcer-

ation of the neck of the uterus of five years' standing. Mrs. L. Z., aged 22, nervous lymphatic temperament, light complexion—large—had menstruated for the first time at the age of fifteen, painful menstruation ever since, married at seventeen, general health good till after marriage, when menses were suppressed and replaced by a white mucus discharge which gradually became a constant flow, and lastly, becoming of a pasty and yellow-green color. This continued till 1867, one year after marriage, when a high state of chlora anæmia existed, with discoloration of conjunctiva and lips, fauces pale, extremities cold, vertigo, palpitations of the heart, with a clear bellows-sound extending along the carotids anorexia, and constipation; neuralgic pain darting to and from the chest, and then through the lower part of the bowels. At first sight supposed the uterus to be the seat of the disease, but patient not consenting to an examination, ordered antispasmodics, ecbolics, tonics, such as cinchonia and iron, good diet, and astringent injections,—temporary relief followed. March, 1871,—was called to see her; the general symptoms of debility having increased; this time, having become wiser, she consented to a vaginal exploration with the speculum; the following condition was discovered:

1st. Engorgement of the cervix uteri.

2nd. Ulceration of the anterior labia extending into the os.

3rd. Abundant muco-purulent discharge from the os; this being very acid, as shown by the application of blue litmus paper. The external organs were pale, relaxed, and also the mucous membrane of the vagina.

Therefore, determined to submit the patient to a local and general treatment. After removing all mucosities from vagina and neck of the womb, made a free application of lunar caustic to the ulcer, and into the cavity as far as could reach, and applied a small cotton plug, imbibed with a mixture of carbolic acid twelve drops to glycerine one ounce, the plug to be removed next morning, and followed by a weak solution of bicarb. of soda. On the third day, found the discharge more abundant, but of a thinner character, the ulcer appeared red and granulating; lunar caustic was again applied and dressed as before.

Tenth day, the patient says she is improving, appetite returns and the pain in the lower part of the abdomen is less severe. Fifteenth day, the ulcer is disappearing and replaced by healthy granulations. Caustic is omitted and carbolyzed glycerine injected into the cavity of the neck and the plug applied. On the seventeenth day, after sleeping well during the night, she awoke, and found to her great surprise her menses had appeared, not evincing the least pain or uneasiness; this lasting five days, after which time, the leucorrhœal discharge subsided rapidly, the ulcer healed, and the engorgement has entirely disappeared. Twice weekly dressed the parts, using the astringent lotion, *viz.* :

R.	Sulph. Copper, -----	3j.
	Tannin, -----	3ij.
	Rose Water, -----	3j.
	Carbolic Acid, -----	gtt., xvi.
	Rain Water, -----	3ij.

Sig. Imbue the cotton plug with this solution, or if the orifice permits, inject or apply with camel hair brush.

This to be used every day internally to calm nervous hyperæsthesia :

R.	Hydrate of Chloral, -----	3ij.
	Elix. Val. Ammonia, -----	3j.

M. 3j every hour or two.

As a tonic and alterative.

R.	Iodide Potass., -----	3iv.
	Elix. Protox. Iron and Cinch., -----	3viii.
	Tinc. Rhei, -----	3ij.

M. Dessert spoonful four times a day.

To assist the digestive organs, create appetite and overcome constipation, the following pill:

R.	Ext. Nux Vomica.
	“ Belladonna.
	“ Stramonii.
	“ Conii Mac.
	“ Rhei, āā gr. vi.
	Pul. Aloes locot, gr. xxiv.

M. Ft. Pil. No. xxiv, one pill ter die one hour before meals.

This prescription against any scrofulous or malarial tendency.

R. Syr. Ferri Iodide, ----- ʒj.
Solution Fowleri,----- ʒijss.
Aq. Menth. Pip.,----- ʒij.

Sig. Teaspoonful three times a day, one hour before meals. Also ordered lotions along the spine and abdomen with good whiskey and dry friction on the skin. May 11th, patient enjoys good health, and all symptoms of anæmia have subsided.

Dr. L. L. Todd reported a case of eclampsia treated successfully with chloroform and hypodermic injection of acet. of morphia. Would use the injections again under similar circumstances.

An animated discussion on the arrest of hemorrhage in placenta previa was participated in by a number of the members, for and against turning, and the use of the tampon. The objection, on the part of some, to the use of the tampon seemed to result from a misconception of the philosophy of its application.

Dr. J. H. Apperson reported a case of peculiar condition of adherent placenta, termed by him, fibrous tumor adherent, and in common with placental mass. *Post mortem* revealed the fact, that the tumor, uterus, and placenta were inseparable, the union being so complete. Dr. Todd thought it a case of fibroid degeneration of placenta.

Dr. Wm. Massie made a verbal report of a case of senile gangrene, patient eighty-two years of age, infirm, constitution dyspeptic. One year ago, last Feb., his nails on left foot hurt him,—pared them closely, became very painful, lost several nights' sleep. The Doctor found no cause for pain, except from paring the nails. After several days, a dark spot appeared, this sank and left an eschar, then an ulcer. He wore a mocasin all summer, foot cold all the time. In Feb. of this year, horse trampled on this foot, divided a small place over the metatarsus. Whenever the foot was warmed, it gave him great pain. He commenced losing flesh; called on the Doctor; began treatment to stimulate action; the flesh sloughed to the bone. Both feet became swollen, also face and hands, went down rapidly, then seemed to rally. In two weeks toe began to mortify, the next toe began the same way, not in connection

with the former. One after another went the same way, till all died, when the foot began; sometimes the mortification would stop for three or four days, when ease would follow, the line would advance and stop; has not advanced for four or five days at this date, very black below the line.

Dr. Willier reported a parallel case in his own practice, which went on till the leg to the lower one-third of the thigh was dead, when the other foot began in the same way. At death, the flesh had all fallen off the legs; tried everything without relief.

Dr. Miller wanted the pathology of the disease. Dr. Chambers says the pathology is uncertain. If from a plug in an artery the remedy is amputation, if not, all the treatment necessary is opium to relieve pain, and food; advises not to amputate. Dr. Wallston would, as a last resort, use transfusion.

Dr. Geo. Kilner read an exceedingly instructive and valuable paper on the common diseases of the eye, which was ordered to be published by request of the Society.

Dr. J. L. Reit, from the committee on epidemics, read a report. Dr. Massie said the principal treatment of small-pox would be isolation and ventilation; would place his patient under shade trees; thinks the mortality in this disease should not be more than one in three hundred. Dr. Chambers would add to the treatment *mur. tinc. iron*; Dr. Miller, in *petusses*, uses *brom. of amonium* and *veratrum*.

Dr. M. W. Wilcox reported on practical medicine. The report was long, and prepared with great care; thinks if the practice of medicine could be established on some permanent basis, the task of reporting on it would be easy, but the great question regarding the treatment of disease, notwithstanding all the improvements, is but little nearer solution now than in the time of Hypocrates. Still he thinks the evidences of a steady improvement are most conclusive; ignorance within, and prejudice without, account for much of the failure.

Medicine now, is not only acknowledged to be a science, but a science necessary to the happiness of our race. The various systems of practice exert but little influence in disturbing the current of public and professional opinion. The great mass of

intelligent men look for relief to the system represented by ours and kindred associations. It is a satisfaction to know that practical medicine is keeping pace with the march of mind. Though not equal to every emergency, we are yet accomplishing all that it is possible for the finite mind, when it enters the field to contend with the decree of fate. Mathematical certainty will never be arrived at in our profession. Our success will ever depend on our knowledge of auxiliary sciences and our power to adapt remedies so as to meet the emergencies of each individual case. We should profit by what has been done by others; the experience of everyone, however limited, is valuable. Although everything is changing, every change is not necessarily an improvement; the present time is productive of more that is of practical benefit than any previous period in the history of the sciences. He has used many of the new therapeutical agents with greater or less success, but is not disposed to abandon old-tried and proved remedies; the medical man, by their use, is in danger of pandering to the patent medicine system.

Subcutaneous medication is claiming considerable attention, and is growing in favor rapidly. Thinks nervous diseases are on the increase in his locality. If, as Prof. Aitken intimates, this is dependent upon extreme mental effort, there ought to be a corresponding increase of mental power,—this is not obvious where he resides.

Dr. Apperson read a carefully-prepared and elaborate paper upon "Gastric Juice." He objects to the term gastric juice, prefers "solvent." He reviewed at some length the five different theories, *viz.*: coction, putrefaction, trituration, fermentation, and chemical solution. After looking carefully over all the experiments and speculations of late authorities, he has the *courage* to say that there is yet error, and that the true source of the solvent of the stomach remains to be pointed out. His proposed theory differs in some respects from all preceding ones. All agree that digestion is performed in the stomach, but Dr. A. objects to the solvent being secreted by the coats of the stomach because of *its want of a glandular system*. Claims

the glands of the mouth as furnishing the true solvent. Has arrived at this conclusion from observation on his own person through a long series of years, and from observation on ruminant animals; and the effects of medication in case of dyspepsia, claims that the saliva obtained from the parotids, sublingual and submaxillary glands furnishes the true solvent. The Doctor's conclusions were well drawn, and his arguments sustained by facts. Dyspepsia arises from a want of the true solvent, and is cured by its supply through the act of mastication of solid bodies without artificial diluents.

Dr. Chambers reported a case with unusual symptoms. Man, aged 38. For nearly three years past, every night when he goes to bed, and first falls to sleep, he ceases to breathe, and when aroused by his wife, who has to remain awake till after she arouses him from his first sleep, it is with great fright and most fearful sensations and apprehensions. The Doctor has treated the case for eighteen months, with but slight relief, from brom. potass. and Hall's solution of strychnine. Patient has had two attacks of intermittent fever; during the prevalence of the fever the unaccountable symptoms abated; no satisfactory diagnosis of the case.

Dr. Willien reported a case of calculus nephritis; treatment followed by recovery.

Treatment.—Externally, blister. Internally, with the following mixture:

R. Potass. Acetatis, -----	℥ss.
Vini Colchici, -----	℥ss.
Spts. Nitroci Dulcis, -----	℥j.
Tinc. Opii Camph., -----	℥ss.
Fl. Ex. Belladonna, -----	℥j.
Aq. Cinnamomi, -----	℥ss.

M. Sig. One teaspoonful every three hours.

Next morning calculus passed the urethra. Weight, qrs. v. Phosphate lime. Immediate recovery.

The Society adjourned to meet in Paris, Ill., on the last Wednesday of Oct., 1871.

WM. M. CHAMBERS, *President.*

G. T. RAGAN, *Secretary.*

Book Notices.

On Some Diseases of the Nervous System in Childhood: being the Lumlian Lectures Delivered at the Royal College of Physicians of London, in March, 1871. By Charles West, M.D., Fellow and Senior Censor of the College; Physician to the Hospital for Sick Children. Philadelphia: Henry C. Lea. 1871.

This is a neatly published duodecimo volume of 131 pages. It is made up of three lectures, the first, on Neuralgia and Epilepsy; the second, on Chorea and Paralysis; and the third, on Disorder and Loss of Power of Speech, Mental and Moral Peculiarities and their Disorders. The author is one of the most experienced and able writers on the diseases of women and children that we have in the profession; and the present little volume will be found worthy of perusal by every practitioner.

Braithwaite's Retrospect of Practical Medicine and Surgery. Part LXIII. July.

This well-known and valuable semi-annual publication is on our table with its usual punctuality, and filled with its usual valuable collection of materials from the Medical Periodical Literature of Europe.

American Journal of Obstetrics and Diseases of Women and Children.

This very valuable quarterly is now published by Wm. Baldwin & Co., Publishers, New York. Price \$5 per annum.

Editorial.

PUBLIC MEDICAL LIBRARY.—The members of the Chicago Medical Society are making earnest efforts to found and support a public medical library. They have already secured lib-

eral donations and most ample and permanent accommodations in the fire-proof library building of the Young Men's Christian Association.

The library will be open daily from 9 A.M. to 10 P.M., for the public, as well as for the profession.

Will friends throughout the Northwest aid the Society in obtaining complete files of the various medical periodicals of our country, by sending stray numbers of such journals to the library.

Old catalogues of our various medical colleges are desired.

Small packages can be sent by mail; large ones, forwarded by express, will be received and charges paid by the librarian, at the rooms of the Y. M. C. A. Library.

THE LIBRARY COMMITTEE.

We call the attention of our readers to the above, and assure them that the object is a good one; and we think reliance can be placed on the success and permanence of the proposed library. Hence, let all who can, lend it a helping hand.

CUNDURANGO.—This, the latest pretended remedy for the cure of cancer, we have hitherto said nothing about in the *Examiner*. We said nothing because the favorable reports on the subject, including those of Dr. Bliss, of Washington, carried upon their face, or rather in their style of expression, evidence of unreliability. To prevent some of our readers from taking unnecessary trouble to procure the remedy, only to disappoint themselves and their patients, we will say that it has been under careful trial in several cases, under reliable management, and in every instance thus far has entirely failed.

CIRCULAR.

ILLINOIS INSTITUTION FOR THE EDUCATION OF FEEBLE-MINDED CHILDREN.—This Institution, which was inaugurated in 1865, as an experimental school for the education of feeble-minded children, has been so successful in training this unfortunate class, that at the last session of the General Assembly it was organized upon an independent basis, and was incorporated as one of the permanent charitable institutions of the

State, thus completing the noble circle of public charities of the Commonwealth of Illinois.

The design and object of the Institution is to furnish the means of education to children and youth of feeble-minds, who are deprived of educational privileges elsewhere, and who are of a proper school attending age. It is designed for those so deficient in intelligence as to be incapable of being educated at common schools, who are not epileptic, insane, or deformed.

The education furnished by the Institution will include, not only the simple elements of instruction usually taught in common schools, where that is practicable, but will embrace a course of training in the more practical matters of every-day life; the cultivation of habits of decency, propriety, self-reliance, and the development and enlargement of a capacity for useful occupation.

The combination which this Institution presents, of practical medical care, and proper physical and mental training, with efficient educational resources, will supply, it is hoped, a want which has long been felt and imperatively demanded by this unfortunate class of children and youth of the State.

The improvement and progress of the pupils have been very encouraging, and parents and friends in almost every instance have expressed satisfaction with what has been accomplished in the short time since the school was organized.

The Institution is open to the inspection of the public at all reasonable hours; and all are not only cordially invited, but are earnestly requested to visit the school.

It is a State Institution, and board and tuition are free during the school year of ten months.

It is the desire of the Trustees to ascertain accurately the number of this unfortunate class of persons in the State, and persons knowing the residence of any in Illinois will confer a favor by reporting the same to the undersigned, as it is desirable that reliable statistics may be gathered in order that proper legislation may be made in their behalf.

Those designing to apply for the admission of pupils should do so at once, as the accommodations are limited.

Applications for admission, information, etc., should be directed to

DR. C. T. WILBUR, SUPERINTENDENT,
Jacksonville, Illinois.

THE CHOLERA.—Regarding the cholera in Russia, the St. Petersburg correspondent of the *London Standard* says:

"From the first appearance of the cholera, on the 29th of August, 1870, there have been in St. Petersburg 6,817 cases, and 2,797 deaths. In Moscow and its environs the epidemic is of a very malignant character, and in some of the remote villages, where medical assistance is difficult to obtain, it has committed fearful ravages. Since the 13th of March there have been 3,568 cases in Moscow, and 1,643 deaths. The cholera has appeared in several parts of the government of Viadimir, but the proportion of fatal cases is small. At Cronstadt, up to the 29th of July, there were 439 cases and 211 deaths. At Riga, of 109 cases in two days, 78 were fatal. There have been a few cases at Mittau and also at Kovno, Vitebsk, Polotsk, and Dunaburg. At Wilna, up to the 11th of July, there had been 1,136 cases and 512 deaths. We hear of a great many people having died at Wirbellen, on the Prussian frontier. At Tamboff, a town of about 30,000 inhabitants, 2,504 cases were reported up to the 21st of July, and 1,242 deaths. At Rybinsk, a very important corn depot on the Volga, more than half the cases have proved fatal; many of the inhabitants have left the town, and business is entirely suspended. At Yaroslaff the proportion of deaths has been large, but the last accounts are more favorable."

THE *Independence Belge* to-day discredits the reported disappearance of cholera at Antwerp. At Konigsberg, on Wednesday, there were 127 cases and 48 deaths, and at Dantzic, on the same day, 12 cases and 10 deaths. The epidemic is decreasing in Russia.

THE MEDICAL REGISTER AND DIRECTORY OF THE UNITED STATES will shortly be issued by Dr. J. M. Toner, of Washington, and will include the names of 50,000 physicians. It will, moreover, contain statistics relating to all the medical schools, hospitals, medical societies and institutions of the country, and will, in this way, embrace information of value to medical men. *Boston Medical and Surgical Journal*.

ONE OF THE HORRORS OF WAR.—The mortality of new-born children in France during the war has been recently calculated by M. Berthillon, and the result is frightful. The author shows that for every 1000 infants under one year of age, there died in the Department of the Marne, 288; in the Department of the Oise, 295; in the Seine-et-Marne, 307; in Seine Inférieure, 318; and in Eure-et-Loire, no less than 370. This terrible

mortality is, undoubtedly, one of the principal causes of the depopulation of France.—*Medical Press and Circular.*

CALABAR BEAN IN TETANUS.—Dr. Campbell Black, of Glasgow, has treated a case of tetanus by Calabar bean, and is convinced that the physiological action of that drug places its use in tetanus beyond the pale of empiricism.

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F E E S .

Matriculation Ticket.....	\$ 5.00
Professors' Ticket, in full.....	50.00
Demonstrator's Ticket.....	10.00
Hospital Ticket (required by the city).....	5.00
Graduation.....	30.00

The THIRTY-FIFTH ANNUAL SESSION will commence on the first Monday in October, 1871, and continue until the first of March, 1872.

A PRELIMINARY COURSE OF LECTURES, free to all Students, will commence on the second Monday in September, and continue till the opening of the Regular Term.

For Annual Circular, containing full particulars, address, J. M. BODINE, M.D., DEAN OF THE FACULTY; or E. R. PALMER, SEC'Y OF THE FACULTY.

MORTALITY FOR THE MONTH OF JULY, 1871.

Accidents, crushed	1	Delirium tremens	3	Measles	12
“ from diving	1	Diphtheria	5	“ and complications	7
“ drowned	16	Dropsy, general	3	Metropéritonitis	1
“ by fall	2	“ of chest	2	Malformation of head	1
“ kerosine	1	Dysentery	33	Old age	8
“ carelessness	1	“ chronic	1	Paralysis	3
“ overdose morphine	1	Empyemia	1	Peritonitis	1
“ by railroad cars	7	Enterocolitis	10	Phlebitis acute	1
Abcesses, iliac	1	Enteritis	22	Pneumonia	14
“ lumbar	1	Erysipelas	3	“ broncho	2
Anæmia	1	“ of the face	1	“ and complications	2
Apthæ	1	Fever, congestive	2	“ typhoid	2
Apoplexy	5	“ puerperal	5	Polypus nasal	1
Arachnitis	2	“ remittent	1	Prostration result of	
Aneurism of aorta	1	“ scarlet	6	amputation	1
Births premature	19	“ “ & complicat's	1	Rheumatism	1
“ still born	55	“ malignant	2	“ inflammatory	1
Brain, congestion of	8	“ typhoid	12	Scrofula	3
“ softening of	1	Gastromalaxia	1	Small-pox	3
“ compression of	1	Gangrenous ulcer of		Spine caries of	1
“ inflammation	7	urinary organs	1	Stomach congestion of	1
“ obscure disease of	1	Gastritis	5	“ hemorrhage of	1
Bronchitis	2	Gastro-enteritis	9	“ ulcer of	1
“ chronic	1	Heart disease	2	Suicide by shooting	1
“ capillary	2	“ hypertrophy of	1	“ by drowning	3
Cancer of cervical glands	1	“ valvular disease of	8	“ cutting throat	1
“ of stomach	4	Hip-joint, disease of	1	“ strychnine	1
Childbirth	2	Hernia, congenital	1	Syphilis	1
Chronic inflamm'n of		Hydrocephalus	18	“ hereditary	2
jaw bone	1	Inanition	20	Tabes mesenterica	25
Cholera infantum	316	Icterus	1	Teething	5
“ morbus	6	Kidneys, Bright's dis-		“ complications	10
Consumption	48	ease of		Tumor ovarian	1
Convulsions	105	“ disease of	2	Ulcer of chest	1
“ puerperal	1	“ inflammation of	1	Uterus rupture of	1
Croup	6	Liver, disease of	1	“ inflammation of	1
Cyanosis	1	Lungs, congestion of	4	Vesical calculi	1
Cynanche maligna	1	“ hemorrhage of	1	Whooping-cough	11
Cystitis	1	“ gangrene of	1	“ and complications	9
Debility, general	6	Meningitis	14	Unknown	1
Diarrhœa	49	“ cerebro-spinal	4		
“ chronic	4	“ tubercular	3	Total	980
“ and complications	8				

COMPARISON.

Deaths in July, 1871, - 980 | Deaths in July, 1870, -- 1121 | Decrease, ---141
Deaths in June, 1871, ----- 560 | Increase, ----- 420

AGES.

Under 1	515	20 to 30	46	90 to 100	—
1 to 2	165	30 to 40	38	100 to 101	—
2 to 3	29	40 to 50	32	Unknown	—
3 to 4	22	50 to 60	24		
4 to 5	14	60 to 70	18	Total,	980
5 to 10	29	70 to 80	11		
10 to 20	32	80 to 90	5		

Males, -----	529	Single, -----	856	White, -----	973
Females, -----	451	Married -----	124	Colored, -----	7
Total, -----	980	Total, -----	980	Total, -----	980

NATIVITY.

Austria -----		France -----	3	Poland -----	1
Bohemia -----	10	Germany -----	60	Russia -----	1
Canada -----	8	Holland -----	4	Scotland, -----	2
Chicago, Native -----	177	Ireland -----	46	Sweden -----	8
Chicago, Foreign -----	531	Italy -----	0	Wales, -----	2
U. S., other parts -----	88	Newfoundland -----	0	Unknown -----	7
Denmark -----	6	Norway -----	14		
England -----	11	Nova Scotia -----	1	Total, -----	980

MORTALITY BY WARDS FOR THE MONTH.

Wards.	Mortality.	Pop. in 1870.	One death in	Mortality.	
1---	6	6,531	1089	Accidents -----	28
2---	23	14,338	623	County Hospital -----	12
3---	38	16,805	442	Feundling Home -----	12
4---	28	12,178	435	Home for Friendless -----	4
5---	27	11,605	430	Hospital Alexian Brothers -----	2
6---	63	19,486	309	Lake Hospital -----	2
7---	66	13,849	210	Immigrants -----	7
8---	122	22,994	188	Jewish Hospital -----	
9---	102	27,278	269	Marine Hospital -----	
10---	34	13,750	404	Mercy Hospital -----	3
11---	42	14,988	357	Manslaughter -----	
12---	33	13,976	423	Protestant Orphan Asylum -----	
13---	18	8,943	497	St. Luke's Hospital -----	1
14---	17	9,076	534	St. Joseph Orphan Asylum -----	3
15---	96	20,382	212	Suicide -----	6
16---	34	13,975	411		
17---	48	17,118	356	Total -----	980
18---	55	17,069	310		
19---	30	8,738	291		
20---	17	13,628	801		

Mean Thermometer for month, —°; Rain, 0.000 inches; Deaths daily, 31½.

MONEY RECEIPTS FROM JUNE 20, TO JULY 22.—Dr. J. Williams, \$3.00; Dr. J. B. Cory, 3.00; Dr. W. T. Knapp, 1.50; Dr. Paoli, 5.00; Dr. G. Fredighe, 3.00; Dr. S. E. Mitchell, 6.00; Dr. A. C. Buffum, 3.00; Dr. O'Donnell, 3.00; Dr. T. J. Whitten, 3.00; Dr. J. W. Duncan, 3.00; Dr. J. M. Steele, 3.00; Drs. Peck & Moore, 3.00; Dr. J. B. Newman, 3.00; Dr. J. W. Barlow, 3.00; Dr. L. Tibbets, 3.00.

BELLADONNA PLASTER.—Thomas E. Jenkins, M.D. (*Rich. & St. Louis. Med. Jour.*), says that a plaster made from the resinous extract of belladonna root is superior to that made from the spirituous extract of the leaf in the following respects: It adheres closely to the surface, requires no adhesive margins, and neither runs, exudes, nor stains the linen.

CHICAGO MEDICAL EXAMINER:

N. S. DAVIS, M. D., EDITOR.

F. H. DAVIS, M. D., ASSISTANT EDITOR.

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ORIGINAL CONTRIBUTIONS.

THE UNITY OR DUALITY OF THE SYPHILITIC VIRUS.

By EDMUND ANDREWS, M. D., Professor of Principles and Practice of Surgery in Chicago Medical College.

THE Franco-German war interrupted a scientific controversy on this subject, which had lasted with remarkable fluctuations for nearly forty years. The ancients do not seem to have had any such question before them until the great venereal epidemic which commenced at the siege of Naples, near the end of the 15th century. At that time the physicians seem to have recognized two diseases, but their successors gradually adopted the idea that all the venereal diseases were essentially one, which state of opinion continued without much discussion until 1831. At that time one of the most remarkable men ever enrolled in the ranks of surgery commenced a series of experiments upon venereal diseases by inoculations.

This man was Philip Ricord, Surgeon of the *Hôpital du Midi* in Paris. Ricord had an immense talent as an experimenter, and possessed a clear and powerful mode of stating his propositions. To these good traits he added a habit of bearing down opposition by a confident air, a domineering manner, and by offensive personalities applied to his opponents. His love of confident statements verged toward disregard of truth, leading him to assert as positive very much that was doubtful, and even to contradict his own previous statements, when the drift of his new arguments seemed to require it. By the help of these varied qualities he got himself looked upon as a hero, and may be said in a certain sense to have bound French scientific thought and dragged it by the heels behind his chariot. Having carried on his experimental inoculations with great ability for seven years, he brought out the results in 1838 in his famous work, *Traité Pratique des Maladies Vénériennes*, and repeated them in 1840, in annotations upon his translation of Hunter's *Treatise on Venereal Diseases*.

These works were of great value to the progress of syphilology, and created an immense enthusiasm. In the first treatise he set forth among many others, the following important doctrines.

First. A syphilitic virus does exist.

Second. There is but one syphilitic virus.

Third. The only constant and decisive symptom of chancre is not color, hardness, etc., but solely the secretion of pus with infecting qualities.

Fourth. The only vehicle of the poison is the pus, and secondary and tertiary symptoms are not contagious.

Ricord, therefore, commenced as an advocate of unicity, and asserted the doctrine with all that audacious positiveness which gave him such a control over the minds of his disciples. One of his doctrines, however, contained a seed which ultimately germinated and overturned his own position. It was contained in these words: "An indurated chancre, or constitutional syphilis is only communicable once in a person's life-time."

In the mean time, Ricord's doctrine that secondary syphilis was not contagious, was being undermined. Wallace, a very thorough and careful investigator in Dublin, had observed many instances of secondary contagion, and had demonstrated by experiments that secondary disease was certainly transmissible. (London Lancet, Vols. 31 and 32.) Ricord and his disciples, however, entirely ignored all investigations which had not been made in Paris, and went on asserting the non-contagiousness of secondary syphilis.

The matter was taken up, however, by Waller, of Prague, who published in the *Prague Quarterly* in 1851, a series of observations and experiments, some of which were repeated by Wallace. In these cases it was shown over and over again in the most careful manner that healthy children took syphilis from nurses, having only secondary disease, that nurses took it from children in the same stage, and wives from their husbands. Experiments showed that pus from condylomata lata, and even the blood of secondary syphilitics, would by inoculation reproduce the disease on healthy persons. The German surgeons, Bäreusprung, of Berlin, Rinecker and Lindmann, all followed suit with separate experiments, abundantly establishing the same doctrine. Ricord at first attempted to oppose these results by his customary fusilade of sarcasm and personal abuse, but he was shortly silenced by a cannonade of facts and compelled to acknowledge his blunder. The French surgeons, who had made a sort of demi-god of Ricord, were deeply chagrined at his defeat and scarcely knew what to do with themselves. Residents in Paris describe them as having been about as inconsolable, as they were afterwards when the Germans took the city.

But the prestige which the French lost in one way they regained in another. Bassereau, a disciple of Ricord, in 1852 brought out his *Traité des affections de la peau symptomatiques de la syphilis*, in which the great doctrine of dualism was, in our day, first distinctly propounded. He made a large number of careful observations and experiments, and showed by what he called "*confrontations*,"

that is, the comparison of each case with the one from which its contagion was derived, that there are two distinct diseases, one chancroid, which is a purely local disease, has a suppurating bubo and never infects the constitution; the other the hard, or infecting chancre, which always infects the constitution. He called the first "*chancre with suppurating bubo*," and the second "*chancre which precedes constitutional infection*." In 1854, Clerc, of Paris, came out in advocacy of the same doctrine, calling the soft chancre "*chancroid*," and maintaining that there were two distinct diseases, and that each propagated its own kind exclusively. Rollet, of Lyons, and others, next brought out the theory of "*mixed chancre*," showing that when both kinds of virus were inoculated in one spot, a mixed form of ulcer ensued, having the characteristics of both predecessors.

The famous doctrine of dualism was thus fully constructed. Ricord himself adopted it, though it required him to abandon another of his original propositions, (the one which asserted that there was but one syphilitic virus,) and it soon swept over the whole of Europe. In 1861, Dr. Bumstead, of New York, published a work on venereal diseases, in which he advocated the new European ideas, and became a prominent means of causing dualism to be generally accepted in this country.

The dualistic theory thus gained a great and almost universal triumph, though a few resolute unicists still stood out. Prof. Gross, of Philadelphia, never surrendered; Vidal, in France, continued to fight the new theory violently, while in Germany, Hebra and Michælis, and in Scandinavia, Bœck, Bidentkap, and Danielson, stubbornly held their ground.

Bœck, of Christiania, was engaged extensively in the cure of secondary disease by syphilization. In this treatment he inoculated his patients over and over again with virus from syphilitic sores. The patient being already under the influence of disease, of course the product of inoculation upon him was only soft chancre, but Bœck, who was a unicast, believed that all syphilitic sores were of the same nature, and that by mak-

ing them in large numbers on the patient, he hastened on the progress of the disease, and got the patient much sooner through it into perfect health. In the course of his experiments he discovered that the statements of the dualists, first put forth by Bassereau, that each kind of chancre propagated only its own species, was false. He proved beyond dispute that though the secretion of a hard chancre in a non-inflamed state produced no effect on a syphilitic patient, yet the same sore, when irritated until it secreted a thick pus, gave origin to matter which would produce soft chancres. In fact, Bœck used habitually to obtain new supplies of soft chancre virus for his patients by irritating either hard chancres or secondary sores, such as mucous patches, until they suppurated freely.

Bidenkap, the pupil of Bœck, and Köbner of Germany instituted careful experiments by inoculation, and arrived with more precision at similar conclusions, which may be stated as follows:

1. The secretion of an unirritated pure hard chancre produces pure hard chancre on persons who have never had constitutional syphilis.
2. On those who have already had the disease it produces nothing.
3. If now you irritate the same hard chancre until it secretes a thick pus, it will produce on a syphilitic man genuine soft chancres, which can be repeated upon him a great number of times. In short, the virus of soft chancre comes from an inflamed hard one.

These experiments shook the foundations of dualism like an earthquake, and many eminent men abandoned the theory, declaring it no longer tenable, while its remaining adherents were taken by surprise and unable to see exactly how they were to defend themselves. Of course the unicists were jubilant over their remarkable victory.

Such was the position of the contending parties when the thunder clouds of the Franco-German war rolled across the field, and compelled a cessation of hostilities. On reviewing the whole matter, it is evident that some of the most confident

assertions of the dualists are overthrown, and it must be confessed that the whole theory is in a dilapidated condition, yet in some points it may still be defensible. We must apparently admit that the virus of soft chancre may be produced at will by irritating a hard chancre, but are we on that account sure of the identity of the two? Being aware that one sore may give exit to several chemical compounds, are we sure that it may not give origin to two poisons? The clinical history of cases, would suggest the conclusion that if a person who is insusceptible to hard chancre and to constitutional syphilis in consequence of having gone through them—if such a person were inoculated with a mixed virus from an inflamed hard chancre, his system, proof against the virus of the hard sore, would propagate and transmit to others only the soft one, thus producing pure and unmixed soft chancres, free from all contamination of the hard ones. If facts should prove such a result, they would seem to establish a kind of modified dualism.

More experiments are needed to settle this point, but the following certainly look in that direction.

1. Bidentkap reports a girl in hospital and free from syphilis. Being in a ward where patients were being syphilized, she by means of a pin inoculated herself in sport from one of the soft chancres of a patient undergoing that treatment. She had a regular soft chancre, but though carefully watched, and examined once a week for two years, she had no indurated sore, nor constitutional disease. At the end of that time she got syphilis from a new source, which was shortly followed by constitutional disease. Here certainly seemed to be a case of soft chancre which was quite free from the virus of the hard chancre.

2. Another girl did the same thing, and the ulcers were repeated upon her some twenty times by Bidentkap. Although kept under observation nearly a year she showed no secondary symptoms.

3. Danielson of Christiania tried syphilization on leprosy. The leprosy was not cured, but the following important case occurred. One of the lepers was inoculated for six

months from soft chancres, having nearly three hundred soft chancres in all. Up to this time, no true syphilis showed itself. He was then inoculated from a hard chancre, and in the usual time had constitutional syphilis.

4. Auzias—Turenne proved that the inferior animals could have soft chancre, but not constitutional syphilis. The surgeon Diday, who had never had syphilis, inoculated a chancre on the head of a cat. From this he inoculated his own penis, which produced a soft chancre and an obstinate suppurating bubo. No constitutional syphilis followed.

5. Robert de Wetz in the same way inoculated a monkey's ear, and from the sore resulting inoculated his own arm. He had a troublesome ulcer, and suppurating glands, but no constitutional syphilis.

It can not be said that these experiments fully settle the question, but I think the following conclusions will be ultimately arrived at.

1. There are two kinds of virus.

2. A pure, uninflamed, hard chancre gives out only the hard chancrous virus, but if it be irritated until it secretes thick pus freely, it will yield both kinds.

3. If this double virus be inserted into a healthy animal, or a man insusceptible to hard chancre and to constitutional syphilis, the soft chancre only is produced.

4. If the virus of this last soft chancre be inoculated into any person whatever, it will probably produce only pure soft chancre, and no constitutional disease.

If these conclusions shall be ultimately sustained, dualism will after all win a sort of victory, the two kinds of virus will be proved, but it will be a barren conquest, because the two poisons are so intimately connected, that the surgeon can hardly ever rely on the absence of the poison of the hard chancre, and hence he will be compelled to practice very much like an unicist.

The fluctuations of this remarkable controversy are adapted to arouse indignation in a thinking mind. What is the use of science in the hands of men who contrive, not how to bring out

solid and permanent truth, but only some startling conclusions upon which to base a reputation? Who are these pseudo-great men, to whom we have given the highest honors of science for forty years, for telling us, first that the syphilitic virus is single, then that it is undoubtedly double, then again that it is single, and finally that they don't know which it is? Would any blockhead have done worse by simple guess work? There is only one remedy for this foolery, and that is to leave off honoring men for half made discoveries, and to scourge with the lash of criticism and contempt all efforts to place crude and ill sustained opinions in the rank of ascertained truths.

NO. 6, 16TH STREET, CHICAGO.

A BRIEF SKETCH OF A FEW EXTRAORDINARY SURGICAL CASES.

BY E. R. WILLARD, M. D., Wilmington, Illinois.

CASE I. Mr. B., a short, robust man, of motive temperament, about 40 years of age, employed at the Wilmington coal mines to work in the "Y" shaft, while somewhat intoxicated on the evening of September 20th, 1868, accidentally walked into the shaft at the top of the ground. As the cage was at the bottom at the time, a distance of some sixty-eight feet, and the sides of the shaft as smooth as a floor, one would suppose that a man making such a leap and striking upon a solid platform, would be instantly killed; but such was not the case. He was immediately discovered, in an insensible condition, and taken out of the shaft to his boarding-house. The attending physician, Dr. Denormandy, was instantly sent for, and apprehending from the severity of the injuries that it would be necessary to amputate one, if not both legs, I was called in. Found the man partially insensible, and both legs broken. The astragalus of the right foot thrust up between the tibia and fibula, with fracture of the latter bones, about five inches from the ankle joint; while the tibia and fibula of the leg were broken about three inches from the joint, and the ankle dislocated out-

wards, with solution of continuity of the external malleolus. There was pulsation in both anterior and posterior tibial arteries, which induced me to recommend an attempt to save the legs, knowing that amputation could be performed at any subsequent time, should it be found necessary. With that understanding, so soon as the necessary preparations could be made, we reduced the fractures and dislocations after much careful manipulation, and dressed with side-splints and fracture-boxes. To relieve the extreme collapse and allay pain, carbonate of ammonia was freely given, together with small doses of morphine.

From this the patient rapidly recovered, and in three months was upon his feet again.

CASE II. Upon the 5th day of October, 1869, four men stepped upon the cage at the top of the shaft at the Gardner coal mines, for the purpose of descending into the pit, a distance of one hundred and ninety-five feet. As the engineer started the machinery for lowering the cage, the rope broke, precipitating the cage and men to the bottom, instantly killing one man, producing compound comminuted fracture of the leg of the second, slightly injuring the spine of the third, while the fourth received a severe blow upon the lumbar vertebræ, causing paralysis of the lower extremities. Pins thrust into the skin at any point below the seat of injury, gave not the slightest sensation of pain.

The attending physician, Dr. McMann, of Gardner, thinking the case a capital one to try "Clines's Operation" of relieving the compression of the spinal cord by cutting down upon the injured part, and sawing through the lamina sufficiently to elevate the depressed portion of bone, immediately telegraphed for me to meet him in consultation. Upon arriving I learned the above facts, and after a careful survey of the case, notwithstanding the want of success hitherto attending the operation, I advised its immediate performance. So soon as the necessary arrangements were completed, we made an incision about six inches in length, through the integument over the

seat of injury, and separated the muscles upon either side of the spinous processes sufficiently to ascertain the extent of injury. This done, we discovered the second lumbar vertebræ fractured through the lamina, and the spinous process driven in upon the cord, and so wedged as to be perfectly immoveable with the tooth forceps. Hayes's saw was applied, and the lamina divided upon either side, and the process elevated, when the spinal cord was found to be so completely contused and lacerated as to entirely obliterate its functional activity.

The wound was properly dressed, the water drawn as occasion required, and the bowels attended to whenever necessary. From this the patient lived about ten days, and died.

CASE III. May 7th, 1870; M. K —, a stout, robust man of middle age, while working in the Gardner Coal Mines, was struck upon the back by a large stone falling from the roof, weighing some four hundred pounds. He was immediately taken from the shaft and Dr. McMann called in. After a careful examination of the case he diagnosed fracture of the third lumbar vertebræ with contusion of the spinal cord. For which Cline's operation was advised. With this view I was summoned. Upon arriving I found the case as above stated, with complete loss of both sensation and motion of the lower extremities, together with paralysis of the bladder. Although the injury seemed to be of so severe a nature as to almost entirely preclude any prospect of success in an operation; still I thought best to operate knowing that death would soon follow without the operation, should the cord prove to be seriously injured; also that the danger of the patient could not thereby be increased.

After the patient and friends were made thoroughly acquainted with the nature of the operation, we proceeded as in the former case. Upon incising the integuments we found the yellow ligaments connecting the lamina of the two vertebra torn through, the cord completely separated, and the spinous process of the third lumbar vertebræ drove down upon the body of

the same, thus precluding all possible chance of recovery. This man lived some thirteen days after the operation.

Remarks.—Although this operation for the removal of the pressing vertebræ arch, was first proposed by Henry Cline in 1814, some fifty-seven years ago, still no favorable results have as yet attended its performance. This I attribute to the fact that the cases were extremely unfavorable for the operation, except Tyrells, and one or two others. In the above cases the sheath and cord were so completely torn through in both instances that the operation at once showed the utter impossibility of a favorable issue in either case. That the operation hastened in the least the death of either of the patients, I have my doubts, and would be tempted to operate again under similar circumstances.

Were it possible for us to ascertain whether the cord was simply compressed, or entirely torn through, or whether the symptoms resulted from blood effusions in the different situations before the operation, then we think its performance would be as certain of success as trephining in fracture of the skull with compression.

CASE IV. Before day-light on the morning of December 29th, 1870, Mr. C——, the engineer at the R shaft left the engine-room for the purpose of oiling some of the machinery. When near the shaft his lantern “blew out,” and supposing himself some distance from the opening, continued to walk forward until he stepped into the shaft. The cage being at the bottom at the time, he fell astride the crane, some sixty feet below, severely lacerating the perineum and urethra, besides producing severe and extreme contusion of the testicles and soft parts about the nates and anus. The attending physician, Dr. Payne, saw the patient soon after the accident, and immediately made cold applications to the parts. In a few hours he was again summoned for the purpose of relieving the bladder, as it was found the patient could not micturate. After making several ineffectual attempts to pass the catheter, I was called in consultation. Upon arriving, I found the parts so contused, echymosed, and infiltrated with urine, together with the edemu-

tous swelling, as to have the "feel" and appearance of jelly. The bladder was also found distended to its utmost capacity. This I attempted to relieve by a medium sized catheter; failing in this, I resorted to a number six, and after introducing it down to the point of injury in the urethra, I carefully enlarged the opening in the integuments, dissecting down to the urethra sufficient to introduce the fingers, by which, after long and careful manipulation I succeeded in introducing the catheter. This was made fast and retained for a number of weeks. Meantime the bladder was frequently syringed out with luke-warm water, water dressings continued to the parts, and anodynes given whenever necessary to relieve pains and procure sleep. From this the patient rapidly improved, and the extensive sloughing was soon replaced by healthy granulations.

[TO BE CONTINUED.]

TYPHO-MALARIAL FEVER, COMPLICATED WITH SYMPTOMS OF CEREBRO-SPINAL IRRITATION.

Prepared for the Chicago Medical Society, by N. S. DAVIS, M. D.,
Chicago.

A few weeks since I called attention of the society to several cases of what was regarded as typho-malarial fever, complicated with severe dysentery. Those cases occurred during the month of June, and mostly in a particular part of the south-western portion of the city. From four to six weeks later in the season we began to meet with a class of cases presenting a different, though not much less formidable complication. The cases now alluded to were confined to no one section of the city, although they occurred almost exclusively among the laboring classes and in crowded dwellings. The first that attracted my attention strongly was that of Mr. B —, a laborer, living at 123 Burnside street. He was attacked in the evening of the 20th of July, with a chill accompanied by severe pain in the head, especially in the occipital region and in the

cervical and dorsal portions of the spine. I was called to see him on the 21st and found him with an active general fever, skin hot and dry; face flushed; tongue covered with a white fur; pupils natural, but eyes rather sensitive to light; pulse 105 per minute; respiration hurried; and complaining of intense pain in his head and back, aggravated by motion, with hyperæsthesia over the whole length of the spine and lower extremities. There was also some rigidity of the muscles of the spine and extremities. At first I regarded the attack as one of direct inflammation of the cervical and dorsal portions of the spine, probably of a rheumatic character; and he was directed to take small alterative doses of calomel with Dover's powder and nitrate of potassa every four hours, alternately with a mixture of

R	Tinct. Cimicifuga.	℥ii.
	Tinct. Stramonii,	℥ss.
	Vin. Clochici Sem,	℥ss.
	Simple Syrup,	℥j.
	Acetis Potassa,	℥iv.

M. Dose pt. ℥i. in water every 4 hours.

Also a strongly anodyne liniment to the whole length of the spine.

The following day the calomel powders were omitted and a saline laxative given sufficient to evacuate the bowels, the mixture in the vial being continued. On the 23d the pains in head and back were less and there was less hyperæsthesia of the extremities, though there remained rigidity of the muscles of the neck, and increase of pain on motion. The general febrile action was less and it had been observed to be distinctly remittent in its character; the exacerbations commencing about 10 o'clock A. M., and declining at midnight. In consequence of this, he was directed to take five grains of sulphate quinine and one quarter of a grain of sulphate of morphia three times during the period of remission each day, and to continue the cimicifuga mixture every four hours. Under this treatment the exacerbations diminished and he seemed so far improved that on the morning of the 30th he got up and shaved himself. But during the afternoon the febrile exacerbation returned with all the cerebro-spinal symptoms, as well marked as at first. But

now the lower extremities were in a state of anæsthesia and motionless; the muscles of the neck rigid; the pupils dilated; and the pulse small, somewhat irregular and slow.

He was put on five grain doses of iodide potassa, with 12 drops of tincture of belladonna every two hours; a blister applied to the back of the neck, and 10 grains of quinine ordered to be taken at 9 o'clock P. M. and at 8 o'clock A. M. On the 31st the febrile phenomena were less, but deglutition was difficult and no improvements in the other symptoms. The iodide and belladonna were continued every three hours, and strychnia in doses of one-fortieth of a grain given alternately. The patient continued to fail, the muscles of deglutition, as well as those of the lower extremities becoming entirely paralyzed. On the morning of August 2d, all the muscles of the deglutition, and respiration were found paralyzed, and his discharges involuntary. The air passages rapidly filled with mucous which the patient had no power to dislodge, and he expired on the evening of the same day. No post mortem examination was allowed.

Mr. R —, a grocer, living in the rear of his grocery at 793 State street, was attacked on the 3d of August. I saw him the following morning, Aug. 4th, and found him presenting almost the same assemblage of symptoms as the case just detailed, only less pain and hyperæsthesia in the spine and lower extremities. The pain in the occiput and through the base of the brain was severe; the muscles of the neck rigid; the pupils of unusual size, and vision indistinct; respiration hurried, at times panting; pulse not over 90 per minute, soft and regular; skin hot; countenance dull, and face suffused with a dark flush. This patient grew steadily worse until the morning of the fourth day, when I put him on the use of fifteen grains of sulphate of soda and fifteen drops of tincture of belladonna every two hours, with a single dose of sulphate of quinine at the time of the greatest remission. From this time the patient began slowly to improve. The same medicine was continued only lengthening the interval between the doses as the cerebro-spinal symptoms abated; and on the 12th of August he ap-

peared convalescent. But the recovery of strength and steadiness in walking was very slow, not being complete in less than five or six weeks.

C. D——, a laborer, aged 23 years, living at No. 83 West Indiana street, was attacked with a severe chill, followed by fever, on the 18th of August, 1871. On the following day the chill was repeated, and I saw him a few hours after. His face was deeply flushed; the skin generally redder than natural; the expression anxious and suffering; eyes watering, but pupils natural; skin hot and dry; pulse 90 per minute; respiration variable, short and about 28 per minute; tongue covered with a thick white coat, but not dry; urine scanty and red; considerable thirst, and stomach rejecting its contents when over-full with drink; bowels quiet, though they had been freely moved by physic the preceding day.

But the most noticeable symptom was intolerable pain in his head, most severe through the region of the base of the brain, from the lower part of the frontal to the occipital region. The head was thrown a little back and the muscles of the neck slightly rigid, with tenderness to the touch. The pain was so severe as to induce a constant moaning and begging for relief. It was stated that these same symptoms had occurred after the chill of the preceding day, lasting six or eight hours, then abating much in severity, but not wholly disappearing until the chill of to-day. Regarding the case as one of periodical fever, accompanied by unusual irritation of the cerebro-spinal nervous centre, he was directed to take twenty grains of bromide potassium, and eight drops of tincture of gelsemium, every hour, until the violence of the paroxysm and the cephalalgia had abated; then to take five grains of sulphate quinine, and two grains of calomel, every three hours, until three doses had been taken. The directions were obeyed, but on visiting the patient the following day, there was found no amelioration of his condition. The febrile exacerbation returned at the usual time, and with even more severe cephalalgia than before. The muscles of the neck were more rigid, and with each expiration

there was a well-marked spasmodic jerk in the diaphragm and abdominal muscles.

If there was any modification of the phenomena, it was in the less marked cold stage. I now directed solution of sulphite of soda and tincture belladonna, in such proportion that the patient could take fifteen grains of the first, and fifteen drops of the last, every three hours, without reference to exacerbations or remissions.

For immediate relief of pain, he was directed twenty grains of bromide potassium, and twenty of hydrate of chloral, to be taken at once, and repeated in two hours, if the pain was not somewhat relieved; and twenty grains of quinine, divided into three doses, to be given during the next remission. On calling the next day, August 20th, it was stated that the bromide and hydrate of chloral appeared to have no other effect than to stupefy and confuse the mental faculties, without inducing sleep or shortening the paroxysm. There had been some nausea, and some of the medicines had probably been rejected by vomiting. Yet he was found in the midst of another exacerbation, if possible more aggravated, both in the pain and in the derangement of muscular action, than on either of the preceding days. For the purpose of allaying the gastric irritation, and allowing the patient to become entirely free from the influence of the foregoing medicines, he was directed the following solution:

R	Carbolic Acid Crystals,	8 grs.
	Glycerine,	℥ss.
	Tinct. Gelsemium,	℥ss.
	Water,	℥iij.

Mix. Give one teaspoonful every three hours, in a tablespoonful of water.

August 21st. Visited the patient at the usual hour, about 4 P. M., and found him again in the midst of one of his violent paroxysms of sufferings. His head was drawn back, muscles of the neck quite rigid, and sensitive to the touch; moaning loudly with pain, but indisposed to speak or move; pupils large; countenance dull; temperature of the surface but little above natural; pulse only 85 per minute, soft, and regular; respiration hurried, irregular, and each expiration accompanied

by spasmodic action of the diaphragm and abdominal muscles ; abdomen empty, concave, but hard from rigidity of muscles ; urine scanty. The tongue was still coated, but moist. The bowels had moved once, nearly natural ; no vomiting ; and during the preceding night the patient had slept quietly for three or four hours.

The posterior cervical muscles had not been entirely free from stiffness, nor the head wholly free from pain, since the commencement of his sickness. Seeing the dilated condition of the pupils unaccompanied by other symptoms of cerebral effusion, and remembering the effects of the Calabar bean in some other cases of irritation of the cerebro-spinal axis, I determined to use it in this case. Accordingly I directed twenty drops of a reliable tincture of Calabar bean to be taken, at first, every two hours, and three grains of quinine, and the one-sixth of a grain of morphine, to be given morning, noon, and night. These directions were carried out, and the next day I found my patient decidedly better. He had an exacerbation at the usual time, but with much less severity.

The treatment was continued, except the interval between the doses of the tincture of Calabar bean was lengthened to three hours. At this rate both remedies were continued through the 22d, 23d, and 24th, the exacerbations becoming less each day, until on the latter day they were hardly observable, and the patient moved his head pretty freely.

After this the quinine and morphine were limited to one dose every night, and the Calabar bean given every six hours. Under this treatment, the patient became entirely convalescent by the 4th of September, and has remained well since.

On the 27th of August, I was called to Miss B., a young woman, on Burnside street, near Twenty-First street. She was found laboring under an attack, in all respects closely resembling the one just detailed. After giving her a few grains of calomel, and opening the bowels, I put her at once on doses of sulphate of quinine three grains, with sulphate morphine one-sixth of a grain, three times a day, and twenty drops of the Calabar bean every two hours the first day, and every three

hours subsequently. The symptoms and exacerbations began to lessen visibly within the first twenty-four hours; and in ten days the patient was fully convalescent, having taken no other medicines, except castor oil enough, twice, to move the bowels. A few other cases, of less severity, have since been treated with these remedies. And I am satisfied that in some forms of irritation, or morbid excitement of the cerebro-spinal nervous system, especially accompanied by muscular rigidity, we may find the Calabar bean a valuable remedy.

CLINICAL REPORTS.

CASES IN THE MEDICAL WARDS OF MERCY HOSPITAL.

Service of PROF. N. S. DAVIS. Reported by B.

CASE. I. PROGRESSIVE LOCOMOTOR ATAXY.—Progressive Locomotor Ataxy was imperfectly recognized and described by old writers as *tabes dorsalis*, and was classed with paralysis. But the disease was not well understood until a few years ago, when Duchenne of Bologne investigated it thoroughly. The prominent feature is a loss of power to coördinate the muscular movements. No muscles fail to contract under the stimulus of the will as in paralysis, and the movements are made promptly, unlike the slow and imperfect motions of a paralytic who has partially recovered. But the patient cannot perfectly execute a movement that requires the action of several muscles at once, especially in the lower extremities. In attempting to walk he starts off briskly, but staggers like an intoxicated man, and steadies himself by surrounding objects; frequently he is driven into a run to preserve his balance. The patient says he “has not much strength,” but in reply to questions, he says he is not tired by exertion; in fact, he might walk for miles without special weariness.

The man attributes his condition to his exposure at the time of the fire, but his friends have noticed for a year a growing unsteadiness in his gait, especially an awkwardness and difficulty in mounting steps. Among the earliest indications are alterations of sensibility in the lower extremities. Some hyperæsthesia and pain; often there is anæsthesia, especially in the soles of the feet, so the patient is not certain when he touches the ground. Soon the friends will notice that he walks strangely, though the sufferer himself thinks they are mistaken. There is generally disturbance of the special senses, particularly sight and hearing: this patient has an indescribable sensation in the ears which he attributes to exposure.

On examination of the spinal cord under the microscope, it is found that there is atrophy of the proper nerve structure, and an increase of fibrous or connective tissue. Only a small amount of nerve cells and fibres are found in the posterior roots of many spinal nerves and in some cranial nerves. Whether this atrophy results from some impairment of vital affinity or from some deficiency in the blood, is still uncertain.

Treatment:—It is desirable to do something to promote nutrition if possible. Habits of life must be carefully regulated, and any exercise which would exhaust energy must be prevented. Gentle currents of electricity, and sometimes friction are to be applied along the spine. For medicine, the best results are obtained from the Hypophosphites with an excess of phosphorous acid; with minute doses of strychnia, if there is constipation. Under such treatment the disease has been kept at bay in another patient for six years. Six or seven years is the average duration of the disease. It almost always terminates fatally sooner or later.

CASE II. INTERMITTENT FEVER, WITH PULMONARY COMPLICATIONS.—This young man was attacked by chills and fever five weeks ago, and in the course of two weeks under his physician's treatment, the chills disappeared and the general fever was cured. But since that he has been pale, coughs and sweats

considerably at night. These unpleasant symptoms not unfrequently follow typhoid and intermittent fevers which have impoverished the blood and led to some exudation into the tissues of the lungs. This exudation, if not absorbed may degenerate, constituting a condition which Niemeyer calls caseous infiltration. The patient convalescing from the intermittent is nevertheless languid, short of breath, coughs, especially in the evening and morning, has quickness of pulse and heat, generally with night sweats. Unless prompt treatment is resorted to, the infiltration progresses to suppuration with fatal exhaustion in two or three months, constituting quick consumption.

In this case auscultation reveals increased density in the right lung, especially at the base, which is scarcely at all inflated except by forced inspiration. This density is due to exudation brought on by local congestion with the impoverished condition of the patient's blood. Tonics are evidently indicated, and likewise anodynes to allay irritation in the lungs. He was directed to use twice a day the muriate of ammonia mixture, previously described. Besides the anodyne influence of the mixture, the muriate of ammonia as an alterative promotes absorption. Of the many tonics which might be used the extract of malt and comp. syrup of the Hypophosphites taken at each meal constitute one of the best. Many would order cod liver oil which, however, is apt to disagree with the stomach and so impairs digestion. Syrup of Iodide of Iron, 20 drops after each meal, was directed for this patient. This gives the alterative influence of iodine with tonic properties of the iron. In tuberculosis, also, when iron is to be used the iodide is the best form. According to the reports of the Brompton Hospital, devoted to the treatment of consumptives, this agent was represented as particularly favorable in the suppurative stage with tendency to night sweats.

CASE III. CHRONIC AGUE.—Attention is called to the pale and rather sallow complexion, the empty veins and bloodless appearance of a patient who has entered the Hospital after

being troubled with ague more or less for four months. Malaria diminishes the amount of red corpuscles, and in extreme cases the thinning of the blood produces a tendency to anasarca. By examining the blood of patients who had suffered from malaria the professor had found the red corpuscles reduced from the normal 127 in 1000 to 50 in 1000. This is a regular concomitant of intermittent, and forms a marked contrast with typhoid fever. It is uncertain whether the red corpuscles are destroyed by the direct action of the malaria or the development arrested by some change in the organs by which they are matured. But in treatment the fact is to be remembered, especially in chronic cases. The physician who is called to stop the paroxysms of intermittent frequently does nothing further, and there is a relapse with which the patient is dissatisfied, or a new disease may arise from the condition in which the intermittent leaves the patient. Intermitents can be easily interrupted, but the disease is not cured by stopping the paroxysms.

Treatment should be adopted at once to restore the blood from its pathological changes. This may be well accomplished by the use of the extract of *Cornus Florida* or black ash, with iron and nux vom., as in the following formulæ :

R	Ext. Hyosciamus,	40 grs.
	Ext. <i>Cornus Florida</i> ,	80 grs.
	Citrate of Iron,	80 grs.
	Ext. Nux. Vom.,	20 grs.

M.

Divide into 40 pills. Take one pill before each meal time, until the blood regains the normal proportions of its red corpuscles, and the patient's strength is restored. This patient still having slight paroxysms of intermittent character with looseness of the bowels, was directed to take Sulph. Quinia 3 grs. and Sulph. Morph. 1-4 gr. each morning and noon in addition to the use of the above pills.

CASE IV. DIABETES MELLITUS.—This patient for several months has had a disease, the beginning of which is very insidious. He found himself despondent, troubled with a little indigestion, and dull pain in the loins, and he had to

urinate rather often. No severe symptoms appeared, and nine of ten patients at that stage imagine themselves "bilious." The appetite for food and especially for water gradually increased, and a large amount of water was passed. The skin was dry and rough. The hands are a little shrunken; the pulse soft and 90 per minute. He has lost weight considerably. The symptoms indicating diabetes; the urine was tested in presence of the class, and the urinometer indicated 1,030 sp. gr. A specimen was mixed with a solution of sulphate of copper so that a bluish tinge is produced and an excess of caustic potassa added; heat then gradually changed the mixture to a dark orange red.

The nature of diabetes mellitus is of course still in obscurity, though now traceable beyond the kidneys, where it was formerly located. The starch and gum of the food is converted into sugar before it can enter the blood, and normally the sugar is changed, probably into lactic acid, before entering the arterial circulation. However, if the sugar should not be thus changed, the blood would become charged with sugar, and an excess of sugar in the blood acting as a diuretic is carried out by the kidneys. This stimulation may cause enlargement of the kidney, and the coincident loss of blood constituents may lead to tuberculosis.

The indications for treatment are to provide a diet containing little that can become sugar and to promote digestion. Bran bread, lean meat, butter-milk or sour milk fulfill the first requisite, and though it may seem a poor diet, patients who were lean sometimes get fat on it. To assist digestion, Dr. Jones, of New Orleans, who is one of the most active and laborious workers in the country, prescribed fresh rennet macerated in vinegar. The mixture of rennet, 1 oz., to vinegar, 1 pt., should stand two or three days and then be given in tablespoonful doses after each meal. Patients seldom prepare this properly if it is left to them, and a pharmaceutical preparation known as liquid rennet may be directed. Rennet has done more good in this disease than any other remedy in the Professor's experience. He has found temporary benefit from

use of tannic acid ; and some recent writer has alledged entire success in the use of this article in doses of from 20 grs. to 30 grs. This patient has taken tannin, 10 grs., and tannate of quinia, 3 grs., three times a day. The warm bath is used every evening in order to relieve kidneys, by increasing the activity of the skin. He was advised to continue these remedies with a fluid drachm of the liquid rennet after each meal.

CASE V. ALBUMINURIA.—This man's kidneys are congested and their action almost suppressed ; the albumen of the blood is passing out through them. Inflammatory attacks without any structural changes may cause albuminous urine, but when there is no structural damage, the symptoms come on suddenly. In Bright's disease they appear slowly, as in the present instance. The patient's urine is rather dark and turbid, 1,007 in specific gravity. Two or three drops of nitric acid throw down a white precipitate which heat makes more dense. Both these tests must be applied as very alkaline urine retains albumen in solution at any temperature ; while after the use of copaiba nitric acid will often produce a white precipitate which is cleared up by heat.

The elimination of water being diminished and the albumen escaping, the patient has become dropsical. Whenever the albumen is reduced to 60 in 1,000 parts of the blood, dropsy is manifested. The retained urea sometimes effects the brain, but in this case it acts upon the heart which beats only 50 times in a minute and with corresponding feebleness. The dropsy is merely a symptom and not yet burdensome ; if it becomes excessive, it will be much better to relieve the patient by incisions through the skin than to attempt to remove a smaller amount of fluid by exhausting cathartics and diuretics. This case is doubtless one of granular degeneration of the kidneys.

The remedies most valuable are warm baths, iodide of potassium or sodium to operate on the structure of the kidneys. Theory would be against the use of mercurials as the blood is already aplastic. But in practice the bi-chloride of mercury in doses of 1-40 of a grain in a fluid drachm of tincture of cin-

chona, given at each meal time, has produced decided benefit in many cases in the early stage. Recently large doses of iodide of potassium, 20 grs., thrée times a day, have been reported very successful. This patient began with 8 grs., which made him sick at the stomach; a solution of carbolic acid was given to counteract the sickness, and the dose of the iodide was increased to 10 grs. If it can be borne, the dose will be gradually increased to 20 grs., with the design of causing absorption of the exudation in the structure of the kidneys.

CASE VI. PARTIAL HEMIPLEGIA, ETC.—The present patient was in the hospital eight months ago during several weeks. At that time he was complaining of a severe and persistent pain in the head, in the parietal region, and through the base from the occiput to the frontal bone. There was a prominence or tumor on the right side of the frontal and parietal bones, and he suffered from hemiplegia of the left side which came on after the pain. He was much improved by treatment, and though not well, he returned to his home in the north division of this city; the destruction of the north division has brought him again to the hospital. He has cephalic pains, and his mind is impaired, at times deranged; the hemiplegia is so far partial that he retains slight control of the left limbs.

The appearances indicate a thickening of the dura mater over the sphenoid and ethmoid bones. the tumefaction of the pericranium being of the same character, and due to the influence of remote syphilis. The pressure at the base and side of the brain explain the paralysis and derangement of intellection. It is evidently important to detect the diseased condition early, before any softening or caries has taken place.

The treatment of course is iodide of sodium, or potassium and bichloride of mercury. When there is pain, as in the present case, an anodyne may be added as in the formula below:

R Iodide of Sodium, ʒiij.
 Bichloride of Mercury, gr. j.
 Fl. Ext. Conium, ʒss.
 Simple Syrup, ʒss.
 Aqua Men. Pip, ʒiij.

M.

Sig.—One teaspoonful four times a day.

Under this treatment the pain is generally easier in four or five days, and in ten days gone. Then the dose may be reduced to three times a day for two or three weeks, and to twice a day for three or four months. Tonics will be required, both iron and the bitter barks, or the syrup of the hypophosphites; strychnia, gr. 1-40, and nitric acid, gtts. 1½, are tonics particularly adapted to these cases.

CLINICAL CASES IN MERCY HOSPITAL, SURGICAL WARDS.

Service of PROF. ANDREWS.

CASE I. BURNS, ETC.—The incidents of the great fire in this city bring to the surgeon's attention many cases, of two kinds in particular—burns and lacerated and contused wounds. This patient was engaged, on the night of the fire, in moving furniture, but becoming tired out, he lay down, and thinks he fell asleep. Suddenly he was surrounded by flames, and he had to rush through them to escape. His face is burned all over, and the thick beard and moustache are burned off. His hands are burned, in some places deeply into the flesh. The surface of his body was not affected extensively enough to produce marked constitutional symptoms. A woman, however, was brought into the Hospital with the entire surface of her body lightly burned, and she died without reaction from the shock. Destruction of ⅙ of the skin is usually fatal.

In the treatment it is necessary to reduce the suppuration which is proceeding on the face. For this purpose the face should be washed with the following mixture:

R	Glycerine,	} à à 3 jv.
	Water,	
	Tannin,	grs. xvj., vel. xxiv.
	Carbolic Acid,	℥ iv.

M.

If this causes smarting, more water may be added. After being washed, the face is to be covered with simple cerate, or lard, mixed with carbolic acid, 20 grs., to the ounce of cerate.

The parts lightly burned may be covered with sweet oil or cotton soaked in oil. Sometimes, to exclude the air, the burned surface may be painted with white lead mixed with oil; lead poisoning need not be feared from a few days continuance. The dressings on cloth which have been applied to the hands cause intense pain when they are changed. To avoid this, the carbolated cerate is to be used, which softly covers the exposed nerves and does not harden or stick to the surface.

CASE II. OPERATION FOR REMOVAL OF NECROSSED BONE.—This man received a wound at Gettysburg, from a bullet, which entered just above the knee, in front, and produced a comminuted fracture of the thigh. Perhaps one-half of such patients died at once, but cases are still appearing, and are usually troublesome. Three fistulæ are established in the limb, and fragments of bone are issuing; a piece of necrosed bone can be felt in the fistula, just above the knee. Enlarging the opening by a probe and scalpel until the bone could be felt with the finger, a piece of necrosed bone having sharp angles unlike those usual in disease, was removed with the forceps. Another piece has spiculated and come off since the wound was received. No other sequestra were found, but it was not deemed advisable to sew up the fistulæ, as they would have to heal by granulation.

MERCY HOSPITAL.—OPHTHALMOLOGICAL WARDS.

Service of PROF. JONES.

CASE I. PTOSIS.—In the falling of the eyelid which constitutes ptosis, the patient can often raise the lid by an effort, as in the present case; but the exertion exhausts the nervous energy, and the act cannot be repeated for a time. Ptosis has various causes, but in the present instance it originates from a condition bordering on paralysis. The man had a severe fall

four years ago, and his occupation has required him to do heavy lifting. He is seen to be in an anæmic condition.

If other means fail, the usual operation of removing an elliptical piece of the lid must be resorted to, but milder methods will be tried. In many cases tonic treatment proves very efficient. Strychnia and iron are directed for this patient, with external irritation to excite the circulation in the part. This course has given such satisfactory results as to justify the expectation of relief to the patient without operation.

CASE II. STAPHYLOMA.—This gentleman exhibits an instance of staphyloma resulting from an injury, the kick of a horse. He was operated on last spring, and the cornea amputated in such a way as to leave a good stump for an artificial eye. He left the Hospital in good condition, but the thinning of the cornea has again allowed the contents to bulge forward, and he has returned to have another portion removed. Formerly the eye was removed in such cases, but by preserving a stump with the muscles attached, movements of the artificial eye are secured. For the operation the patient was put under the influence of chloroform, and a speculum introduced between the eyelids to keep them apart. Large curved needles were introduced through the cornea, behind the cornea, in order to prevent the escape of the vitreous humor; the cornea was then cut out, and the stump cut down to the size best adapted to the artificial eye which is to be worn; then, with smaller needles, the incision was sewed up smoothly, and the patient directed to be kept quiet.

CASE III. CONJUNCTIVITIS WITH GRANULATED LIDS.—This man's eyes began to look red and feel inflamed about a year ago; now there is conjunctivitis, with granulated lids. No ulceration of the cornea, which is so frequent and serious a result, has yet occurred; the upper lid is worse than the lower, according to the usual custom. In an earlier stage a weak solution of sulphate of zinc, or of borax, sometimes with morphia, would have been used as a wash. But since the acute

stage is passed the granulated lids are to be touched with a piece of sulphate of copper which has been shaved smooth and then polished on chamois-leather. The lids are easily everted for this operation by taking hold of the eyelashes, at the same time telling the patient to look down towards the floor, then putting a pencil on the lid and lifting it up by the lashes.

GYNÆCOLOGICAL WARDS.

Service of PROF. BYFORD.

CASE I. PERIMETRITIS.—This lady presents a condition not unfrequent, though its cause is perplexing. She married thirteen years ago, at the age of 16. Her health was perfect until the birth of her first child, but ever since she has suffered from dysmenorrhœa and leucorrhœa between the menses. She says that four years ago she was treated for inflammation of the bowels, and at the time of the fire in this city she was again attacked by the same symptoms as before, and having no home left, she entered the hospital. She had fever, pain in the back, hips and abdomen, pain in urinating, nausea and vomiting. The fever was considered to be an intermittent by a physician who saw her before she came to the Hospital. The house physician here prescribed paregoric and nitre, on account of the pain in the bladder, believing she had cystitis, and for the nausea and vomiting he gave her carbolic acid dissolved in glycerine and water. These medicines effectually relieved the symptoms before the patient was seen by the Professor. On examining her, he at once recognized a case of perimetritis. A lump hard as bone, and very tender under pressure, was felt in the left iliac region, extending diagonally into the other iliac region. By a vaginal examination a hard tumor was found filling the pelvis and pressing against the bladder. The consequent inflammation explains the pain in urinating; but besides this tumefaction of the uterus, the pelvic cavity was also filled by a fibrinous exudation.

A mistake in diagnosis is liable to be made by almost any one, especially since examination is so frequently neglected. The chills, fever and perspiration occurring every morning, made up apparently a good case of intermittent fever for the physician who first saw her; but the dysury and pains ought to have induced an examination. External exploration should be made in search of hard, resisting masses. Hard tumors can be distinguished by their giving dullness on percussion, whereas the intestines give resonance on percussion. Of course a vaginal examination should be made. The extreme frequency of these cases is often overlooked, because examination is neglected.

The patient was much prostrated, but was considerably relieved by the medicines already noticed. Fomentations of aconite and arnica leaves were directed, and likewise poultices of corn meal or flax-seed. The mixture of muriate of ammonia, tartarized antimony and morphia, was also ordered to be given four times a day. She is improving rapidly, and is about ready to go home. At present, $2\frac{1}{2}$ weeks after her entrance into the Hospital, examination shows that the pelvic mass is gone, and there is no tumefaction, except in the uterus, which is moveable.

BILIARY CALCULI.—PASSAGE OF A LARGE NUMBER, AND OF UNUSUAL SIZE.

Case Reported to the Chicago Medical Society November 6th, 1871.

By N. S. DAVIS, M. D.

MRS. B——, aged 55 years, was attacked on the 21st of August last with violent pain in the epigastrium, near the lower margin of the ribs, and over the region of the gall bladder. There was a little quickening of the pulse, but no fever. The extremities soon became cool, the pulse quick, but small and weak, and acute tenderness was manifested over the course of the hepatic ducts. I feared a supervention of peritoneal inflammation, but expected that the severity of the pain would abate

after a few hours. Hydrate chloral was ordered to be given in large doses, together with some morphia; also active narcotic fomentations were applied over the abdomen.

None of these measures, however, were successful in overcoming the pain. Two or three evacuations occurred, which were thin and intermixed with mucus, but not of the clay color which would indicate a retention of the bile. The acute pain was overcome by keeping the patient stupefied with chloral, but for a week she remained in a critical condition. She then began to improve. The tenderness over the abdomen remained, however, with a slight tendency to diarrhœa, but hardly any evidence of jaundice.

On the 19th of September the patient was again attacked with the same symptoms, more violently than before. The warm fomentations were renewed, and chloral promptly given. She was also placed in a warm bath, and remained there until symptoms of faintness began to be manifested. On the second day a moderate laxative was given, and on examining the evacuations the calculi here exhibited were obtained. There are thirteen of them, varying from $\frac{1}{10}$ to $\frac{1}{4}$ of an inch in diameter. They are of rather irregular outline, and many of them having been apparently worn off at the corners, display very nicely the concentric layers of which they are composed.

After the passage of these, the patient began rapidly to recover, but at the end of a week there still remained some slight feeling of discomfort, nausea, etc., and the bowels continued irritable, but there were no signs of active inflammation. With a view of preventing the further formation of calculi, she was directed to take 6 gtt. nitric acid, well diluted with water, three times a day. This, however, being found to irritate the bowels, was withdrawn, and liquor potassa substituted in doses of 10 gtt., at first, and gradually increased to 15 gtt. To improve the condition of the bowels, she was also ordered some powders consisting of bismuth sub. nitras, 6 grs., lapulin, 1 gr., and morph. sulph., $\frac{1}{12}$ gr.

The patient soon afterward went East on a visit, but had three repetitions of the attacks during her absence; a number

of calculi being passed on each occasion, amounting to about 60 in all. Since her return home, however, during the past few weeks she has remained perfectly well.

Another somewhat similar case occurred in my practice some six or seven years ago. A Jewish lady had been subject to repeated attacks of severe pain, etc. Being called in the midst of one of the paroxysms, I was satisfied from the character and situation of the pains, and from the marked jaundice, that it was a case of biliary calculi. The nitric acid was ordered for her, 6 gtts. to be taken at each meal time, and continued for several weeks. She had one subsequent attack, a short time after commencing treatment, but has had none since.

I can recollect three other cases where the re-formation of calculi has been entirely prevented. In two of the cases an opposite course of treatment was tried, an alkali, liquor potass, being given instead of the acid.

Some years ago, a member of this society related a case of biliary calculi cured by sweet oil, given in large doses. I tried the treatment in one case, and in the course of 48 hours a large amount of matter was passed, consisting of little balls of a light color, and varying in size from a pea up to a hickory-nut. On examination they proved, however, to be nothing but the solid stearine of the oil moulded into balls. I have also several times had specimens of supposed biliary calculi sent to me from the country, which, however, by the time that they reached me, had melted or re-dissolved into oil. True calculi, such as these before us, are not softened by oil.

Our aim in the treatment of these cases should be, first, to relieve temporarily the pain, by narcotics, warm fomentations, etc. ; and secondly, to so change the constitution of the bile as to prevent the future formation of new calculi. Their formation is probably caused by an excess of cholesterine in the bile, which becomes crystallized. The calculi formed are sometimes so large as never to pass through the ducts ; but being

retained, and blocking up the ducts, they produce permanent derangement, congestion, atropy, jaundice, etc.

The treatment by ether, acids, or alkalies seems to accomplish the desired change in the constitution of the bile.

SELECTIONS.

CASE OF MUSCULAR ATROPHY.

By V. KERSEY, M.D., of Richmond, Ind.

Henry C. D., one of the proprietors of the extensive woolen mills recently burnt in this city, was above medium size, of fine form, well developed muscular system, excellent constitution, general good health, and active habits. He was forty years old, a great smoker, and sometimes drank a glass of ale.

In an effort to save some of his property from the fire on the 9th of November, 1870, he and three other men were moving a heavy machine from the lower story of the building. At the door, where they had to ascend three steps, the other men all got in front of the load and he alone behind it, when notice was given that the bell, situated directly above, was about to fall. This led to his lifting up at a great disadvantage, and carrying up the steps a load quite beyond his strength. On getting out of danger, he found himself suffering from acute pain in the right side, and was forced to lie down. After a little rest, however, he recovered so much as to resume work, and continue at it all night. He was very actively employed and very much exposed to inclement weather for several weeks immediately after the fire; during which he had a troublesome cough, a poor appetite, and suffered a constant sensation of intolerable weariness in his right shoulder and arm, and before Christmas he found that the superficial muscles about the shoulder were wasting, and that they were disturbed by irregular twitching, especially when exposed to cold.

The suffering and the cough subsided as the local muscular debility increased; and regarding the latter as a trifling rheumatic affection, he continued his active habits during the early part of winter, using little beyond local applications to

the shoulder, measures to promote appetite and digestion, and occasionally the induced electrical current. A little later he was forced to give up active exercise on account of great shortness of breath, which had been growing on him for weeks. From this time he was mostly in the house until his death, which occurred on the 14th June, 1871. I took charge of the case on the 2d of June, twelve days before his death. Except occasional advice from a medical friend, for which he visited a neighboring city several times in the early part of his trouble, he had been under constant homœopathic treatment, and was induced to believe that whenever the doctor got him sufficiently reduced, there would be no trouble or doubt about restoring him to full health and vigor again.

I found him free from pain, with normal sensibility in all parts of his body—able to walk about the room without difficulty, except shortness of breath, which, on a little too much exertion, was very urgent, amounting to almost perfect apnœa.

On careful examination, the lungs, heart, and great vessels were found free from signs of disease. A slight, perhaps simply normal bronchial secretion, gave rise to great annoyance, on account of complete inability to cough, or make the ordinary exertion of clearing the throat. The pulse was about natural in all respects when the patient was quiet, but under exertion it increased in frequency with the approaching apnœa, when the surface became cold, dusky, or motley, and bathed in perspiration. The appetite was generally fair, and the digestion good. The bowels were never moved without artificial means; apparently simply because the diaphragm and abdominal muscles were too much debilitated to afford any aid in defecation. The abdomen was greatly retracted, and the diaphragm highly arched. The function of the kidneys was normal, and the discharge of urine unembarrassed to the last. The sleep was laborious and dreamy, always on the back, with the chin drawn down and the head back, pulling the mouth wide open; and the æration was always worse than during wakeful repose. The mind was generally entirely clear and sound; but sometimes the hallucinations of sleep were held to be real for half an hour or more after waking; though they always ultimately gave way under the better æration of the

waking state. The man could not move the right arm except feebly toward the body when the elbow was partially raised. Its muscles and those of the scapula were greatly wasted. The forearm and hand were now fleshy, and on fixing the elbow he could turn them about and use them with some force. The flexors on his limb were less atrophied than the extensors,[†] making it difficult to open the hand, although there was considerable power to grip.

At this stage of the investigation I had the patient sit upright, with the body bare to the seat. From behind the view was remarkable on account of the prominence of the bones on the right side. The muscles on the scapula, both above and below its spine, appeared to be wanting; the shoulder was flattened from atrophy of the deltoid; in a word, all the visible muscles on that side of the trunk were greatly wasted; while on the opposite side the same destructive process was clearly in progress, though not so far advanced. In front the same condition obtained, though not so strongly marked. The left arm seemed to have twice the flesh of the right. Both lower extremities were atrophied to a sensible degree, and here the right side took the lead as above. The muscles concerned in expression, mastication, deglutition, and speech, appeared to be unaffected; their functions were well performed, and no twitching or quivering of their fibres was at any time observed: whereas in parts notably affected with atrophy this was an almost constant symptom, capable, however, of being greatly augmented by exposure of the contiguous surface to a current of cold air. Although the diaphragm and the intercostal and abdominal muscles were less open to observation, the symptoms lead to the conviction that they were among the greatest sufferers from atrophy. The entire inability to cough, sneeze, clear the throat, or promote defecation; the imminent difficulty of respiration; and finally the manner of the death, from simple apnœa, without a struggle, ten minutes after walking from one room to another, seemed to justify this conviction.

Although I had never seen a case of progressive muscular atrophy, I was at once forced to a full recognition of the disease in this man. In the few days he was in my care he was seen by Drs. Walker, Weist, and Clark, who, I believe, fully

concurred as to the nature of the disease, though no one of them had seen it before.

I left a small section of muscle from the thick portion of the right pectoralis mayor, with Dr. Weist, requesting a microscopic examination and report. The Doctor kindly furnished the following: "A large number of the muscular fibrillæ—perhaps three-fourths—are entirely normal in appearance save in color, being unusually pale. Transverse striæ very distinct.

"In a portion of the fibrillæ the transverse striæ are very obscure, while in a smaller number they are entirely absent. In the latter the centre of the fibrillæ consists of fine granular matter, evidently exceedingly minute fat globules.

"In a few instances the sarcolemma is collapsed, and almost empty, containing here and there a small oil globule.

"No interstitial deposit of oil globules exists.

"The muscle is evidently undergoing fatty degeneration."

Notwithstanding the apparently hopeless condition of the patient, I advised friction, shampooing, stimulating embrocations, passive exercise of debilitated parts—and, inasmuch as electricity is the only remedy to my knowledge brought forward with a view to the direct arrest of atrophy; and as Faradization had been employed, with another view, in the early weeks of the disease, and without success, I had a wire brought from a Grove Battery of fifty cups, at the telegraph office near by; and after cautious trial, subjected him to the full force of the continuous current. This was kept up from half an hour to an hour, two or three times a day, to the last. His muscular system was sensibly affected by this current, and he had a vague impression that he was benefited by it, and was hopeful of final cure. There was, however, no evidence that it did any good.

With a faint hope of replacing atrophy by nutrition, I prescribed the following pill: R. Sulphate of quinine; lactate of iron; lactate of manganese, of each thirty grains; strychnia crystals; arsenious acid, of each one grain; to be made into mass and divided into forty pills. One to be taken after each meal.

The patient was encouraged to take full rations of good food, including milk, eggs, bread and butter, beefsteak, beef-tea and essence, with tea, coffee, or ale at pleasure.

If there was no mistake in the diagnosis of this case, it presents two considerations worthy of note. The exciting cause of progressive muscular atrophy is generally held to be obscure; in many cases it seems to be wholly unknown. It is sometimes attributed to great muscular exertion; and sometimes to protracted exposure to cold. This man was subjected to the extreme of both these agencies, when, for years, little accustomed to either, and the initial stage of the disease followed rapidly on the exposure.

Again, the disease is generally remarkable for the slowness of its progress—the duration, so far as I know, of recorded fatal cases being a full year at the least, and of others, several years. Here the death occurred seven months and five days after the exposure, and about six months after the probable access of atrophy. Hence this process must have gone forward with unexampled rapidity. But the early fatality was undoubtedly due to the atrophy of a single group of muscles, upon the integrity of which the strictly vital function of respiration depends.—*Proc. Ind. State Med. Soc.*

THERAPEUTIC ACTIONS AND USES OF TURPENTINE.

Dr. Warburton Begbie read a paper on this subject before the Medico-Chirurgical Society of Edinburgh. He gave a brief sketch of the ancient history of the drug from the time of Hippocrates, with a notice of the various forms in which the oleo-resins of the *conferæ* are used or have been used in therapeutics. Oil of turpentine was described as being irritant and stimulant, quickening the circulation and augmenting the temperature of the body. In larger doses it produces a sort of intoxication; in drachm doses it is hypnotic. Externally it is a valuable rubefacient, and is absorbed by the skin so as very soon to be recognized in the breath, and by its characteristic violaceous odor in the urine. The production of this violaceous odor in its perfection seems to be a test of the integrity of the urinary organs, as it is less marked in disease of the kidneys. The therapeutic actions and uses of turpentine are various. 1. As a cathartic it is uncertain, but along with castor

oil it is useful in cases of obstinate obstruction and tympanitis. 2. As an anthelmintic it is chiefly used as a cure for tapeworm ; also, in the form of enema, it destroys ascarides and lumbrici. 3. Though turpentine sometimes causes hæmaturia, it cures passive hemorrhages. It is useful in purpura, probably acting through the nervous system ; and it is also useful in hæmoptysis, hæmaturia, and uterine hemorrhages. 4. As a stimulant, it is especially valuable in adynamic fevers ; as in the stupor of typhus, in certain kinds of delirium, and in the latter stages of enteric fever with a dry tongue. 5 In certain nervous diseases, such as epilepsy and chorea, it is said to be very useful ; but in epilepsy it is supplanted by bromide of potassium, and in chorea by arsenic. In certain forms of sciatica and crural or brachial neuralgia in the aged, twenty-minim doses thrice daily have a very good effect. In the nervous headaches of delicate females, and the headache which is induced by fatigue, it is a better stimulant even than strong tea, and without the effect which tea so often has of banishing sleep. 6. In all chronic discharges from mucous membranes, such as chronic and fetid bronchitis, it is very useful, and even is advantageous in gangrene of the lung in checking the fetor. Under this head some interesting cases were given of gangrene of lung depending on the presence of foreign bodies.—*Brit. Med. Journal.*

ON THE ELEMENT THAT KILLS IN CHLOROFORM, AND OTHER ALLIED CHEMICALS.*

By J. D. BROWN, F.R.C.S. Eng., Haverfordwest.

Of all deaths, the quickest are those which follow the total arrest of circulation, where the action of the heart is first stopped. Next in rapidity are those that follow the total arrest of respiration. Death from prussic acid is a fearful example of the first ; from drowning and strangling, of the second. By prussic acid, death is instantaneously produced ; in drowning and strangling, life is never prolonged beyond three minutes. Death from heart-affection is apparently easily explained ; but why die from the exclusion of air ? Let us imagine a person in full vigor and life, brought up dead from the water. Not a

* Read before the South Wales and Monmouthshire Branch, July 5th.

finger has touched him; not a drop of his blood has been shed; no poison has polluted his blood; yet he is dead, and three minutes ago he was full of lusty life. Why has he died? His organization is still perfect. The reply, I expect, is, that he died because there was no arterial blood to circulate, oxygen having been excluded long enough to kill. In heart-disease the answer will be, that there was no heart-power to circulate the blood, although it was still arterial and pure. All this is plain enough.

We will now take up chloroform, ether, olefiant gas, and alcohol, with their varieties, in which I shall include all the compounds of carbon, whatever name may represent them, such as chloral, etc. Those chemicals are introduced into blood either as liquids or gases; it matters but little how. In considering their chemistry, we find them richly charged with carbon in subtle solution. The little oxygen, hydrogen, or chlorine, that they contain, simply play the part of solvents to the carbon, and, as far as killing goes, can play no part.

There are two elements brought into play in their application; viz., the introduction of carbon, and the gradual exclusion of oxygen and nitrogen, carbon being retained on the one hand while it is being introduced on the other.

By excluding air, we can arrive at death without the aid of any other agent. By introducing carbon, we can reach the same point without calling upon strangling to help us. This is precisely what we accomplish in giving any of those subtle solutions of carbon, either as liquids or as gases. We gradually exclude the air and as gradually introduce the compound till we reach a given point, at which the blood is fully saturated with it, the agency of those two powers being put into force. It matters but little how we effect our aim; all that is wanted to complete our object is carbon, in sufficient quantity to overpower the brain and its functions. Drowning and strangling would answer our purpose quite as well as any of the chemicals in use, only we cannot as yet manage such dangerous agents with as much safety as we could wish. Moreover, they are painful modes, and never likely to be employed.

Of all our agents the pleasantest is chloroform, which, whilst killing, indulges the victim with the pleasant delusions of a happier life, and engages the respiratory organs at the

same time in their usual work ; thus throwing the whole living system off its guard, which, although apparently rejoicing in life, is in reality slowly dying. This is truly a happy death. The introduction of any of these compounds through the stomach produces the same effects.

Alcohol and chloral are well known agents, capable of intoxicating and even killing by introducing carbon too suddenly and in excess. To remove their effect, oxygen must be called to our aid, which, gradually combining with the elements of the intoxicating substance, at last expels the overcharge in the form of carbonic acid, water, etc.

Having exhausted the compounds of carbon, and proved their terrible powers of stupefying and killing, we shall take up those possessed of the same power, and which yet contain no carbon. This is a paradox. Here, you will say, a difficulty arises, a barrier rears its head, over which one will not very easily pass. I can see none. We have looked on the fearful rapidity with which drowning and strangling kill. In what does their power consist? Simply in excluding air. We give a gas, such as nitrous oxide, nitrogen, or any other respirable gas—even hydrogen, and we will not even despise carbonic acid—the results are precisely the same ; they kill with a rapidity that might be measured by the quantity of air allowed to mix with the gas used—in fact, we amuse the lungs and throw them off their guard whilst preventing the oxidation of the circulating carbon. This is much more pleasant than drowning, but equally fatal.

In nitrous oxide and carbonic acid we have compounds satisfied with their chemicals ; therefore, neither the carbon nor oxygen is brought into play. They simply exclude atmospheric oxygen, thus leaving the “killing” to the accumulating carbon. Flame, in ceasing to live in carbonic acid, simply dies for want of oxygen, not because carbonic acid is present, which, if it were to decompose, would yield sufficient oxygen to maintain combustion. An animal perishes in carbonic acid for the same reason. Chloroform has no advantage over carbonic acid except that its carbon is probably not free : I say probably, as there is no certainty.

Cause of Death.—It is not the detention of carbonic acid that kills, but the presence of carbon in some peculiar state,

and unoxidised. The small quantity of carbonic acid which the last inspiration creates, even if taken up by the blood and not imprisoned in the air-cells, would be too little to kill, granting it had the power. Death is really caused by paralysis of the heart. In every instance of death in rabbits, the circulation first failed, beginning in the ears; danger was always plainly visible there; and when chloroform was further given to the complete arrest of circulation, death always ensued. On *post mortem* examination, the heart was found to beat, but not with sufficient vigor to empty its chambers. No blood seemed to pass through the lungs to the left chambers. There was an idle action, simply from the fact that the blood went home to die—viz., to the venous system, whose headquarters is the right side of the heart and lungs. The last inspiration, shallow and superficial as it is, may be taken as a measure of the last stream poured out from the left ventricle to complete the circle for the last time, and then to stop forever. The heart fails, because highly carbonised blood cannot maintain the vigor of the nervous system. The moment circulation ceases, respiration comes to a dead stand; to re-commence the old work, circulation must take the initiative; respiration follows. This is the ordained order. With stagnant blood there can be no breathing. A newly born child breathes because his blood circulates: no human power could command a single breath had that function entirely ceased.

We now can understand why artificial respiration so often fails: in truth, we begin where we ought to end. Blood can only be oxidised in circulation; no amount of oxygen could tell upon the small quantity stagnant in the lungs—a proportion infinitely too small to rouse the nervous system even were it to move forwards. The first step toward life the heart must make; the second the lungs will take.

Indications of death are pallor and white lips; circulation has failed or is failing; a flushed or dark countenance is safe. Breathing you need not notice; it cannot go wrong. As long as the circulation is right, the first step to death is made by the circulation, the second by the respiration.

How to avert the impending death is the next question. There may still be a little arterial blood in the lungs and left side of the heart. There is just one chance: pour it into the

brain by hanging the head down. If the brain respond, all is safe; the heart resumes its labors and the lungs answer to the call; and, unless we succeed in rousing the brain by the little arterial blood which the vessels may still hold, the case is hopeless.

It is impossible to manufacture arterial blood without oxygen; and it is not possible to get air to tell upon the whole volume of blood unless we can insure its circulation; and it cannot circulate without the heart's permission, and the heart will not act till the nervous system is able to command it, and until the blood gets rid of its overcharge of carbon. Artificial respiration is useless, and is a loss of time till the circulation resumes its labors.

Dragging out the tongue is an idle occupation; the mouth is not the passage for air. The glottis cannot be closed by a dead tongue and retracted epiglottis. The only instances of its closure are attended by congestion of face and brain, and not by pallor and empty vessels. Observe the face in epilepsy, in drowning and strangling, convulsions, stammering and choking from spasms, or by intruding morsels or liquids. The glottis is never closed, only whilst swallowing; no amount of stupor shuts it, and even in death it is always open; in fact, that is its normal condition, excepting in those diseases just named.

To me it is a question yet to be decided whether we could not shorten convulsions by keeping open the glottis if means could be devised. Stammering is always relieved by preventing its spasmodic closure, by keeping a marble in the mouth, by drawling, or by intonation of speech, as singing or reading poetry.

Summary.—No time should be lost in artificial respiration, dragging out the tongue, etc.; but the brain should be roused by hanging down the head. There can be no harm in artificial respiration; it may be carried on at the same time. The cases appended all prove the value of this plan. It is also applicable to drowning, and to all the other causes of death just enumerated.

I append a few cases illustrative of the treatment recommended.

CASE I. A stout woman, aged 50, had her breast removed for cancer. Whilst we were securing the arteries, the circulation suddenly stopped. She was to all appearance dead—no pulse, no breathing, no color, but a ghastly white. At this critical moment I struck away all the pillows, and, with aid, laid her on the floor, her head lower than her body. Her lips became red, and in time she breathed, and by degrees recovered. There was no attempt at artificial respiration, nor was the tongue drawn out.

CASE II. A young and healthy peasant girl had her leg amputated, to improve a bad stump left by mortification of her foot and lower third of leg, caused by typhus fever. We were dressing it, when suddenly bleeding ceased. She had been neglected by the chloroformist, who left the handkerchief too near to her nostrils. She was breathless, pulseless, and pallid. Her head was raised on a block and pillow, for the operation, which I struck boldly away; her head fell with an audible noise on the table; at that moment the lips reddened, the face flushed, she breathed, and was safe.

CASE III. A lady, young and healthy, took chloroform to have a tooth extracted. Pallor at last followed, accompanied with the usual signs of death from chloroform. This was early in my experience of chloroform, and I was much frightened. She was laid down, her head lowered, and by and bye her lips showed signs of life, breathing returned, and she was saved.

CASE IV. A man aged about 56, delicate, and worn by long suffering, had his thigh amputated. Whilst the wound was being dressed circulation ceased, and he was apparently dead. His head was hung down over the table, and he soon recovered like all the others.

CASE V. An infant, whilst under chloroform for the removal of a nævus, became alarmingly pale, and apparently died. So much had been said about artificial respiration and dragging the tongue out, that we tried it, and thereby lost time; it failed entirely; we then resorted to our old plan. The child was literally hung upside down, till the lips grew red, and all was safe.—*Brit. Med. Journal.*

CATS AND DOGS are proved to be insusceptible of the vaccine disease.

VARICELLA IN SAN FRANCISCO.—Chicken-pox has been prevailing lately in San Francisco in an aggravated form, some cases so near to small-pox in character as to have been reported as such to the Board of Health.

AMONG the notable deaths which have taken place within the last few months are those of Dr. Liegeois, Vice-Professor of the Paris Faculty, Dr. Thomas Hawkes Tanner, of England, the well known author, Dr. George C. Blackman, Professor of Surgery in the Medical College of Ohio, also well known as an eminent teacher and writer.

SMALL-POX IN PHILADELPHIA AND ELSEWHERE.—Last weeks the deaths from small-pox, in this city, numbered seventy-four—nearly half of them adults. The public is alarmed, and with reason, for the ravages of this dreaded disease in Paris and London the last two years have been such as to recall, though somewhat faintly, the terrible pictures of its devastation, which are contained in medical treatises, before the days of inoculation and vaccination.

Active measures have been taken by the public authorities to extend the facilities of vaccination, and to impress upon the public mind the importance of this simple precautionary measure. Except among the lowest class of population there is no objection to its reception, and all that is needed is energetic action on the part of our Board of Health—not a very energetic body, we regret to say—to secure the city entire immunity from the scourge.

At this time the importance of *revaccination* cannot too strongly be insisted upon. We have published, within the last few months, several able articles from foreign writers upon this point, foreseeing the approach of the disease. Through mistaken views upon it, we regret that some eminent medical men have committed themselves to the opinion that revaccination is needless, or indifferent. Such views are contrary to known facts, and fraught with injurious consequences to the community. They are next in character to the folly of opposing vaccination because once in a million cases it conveys syphilis into the system.—*Phila. Med. Reporter.*

CLIMATE OF THE NORTH-WEST AND NERVOUS DISEASES.
—Dr. Staples in the *Northwestern Medical and Surgical Journal*, gives his views of the effects of the climate of Minnesota upon the nervous system. As compared with New England climate, that of Minnesota is tonic and *stimulating*, while that of New England is simply tonic. The climate of Minnesota is dryer, and hence its heat conducting power is less. This lack of moisture modifies its electrical condition as well as the character of light. The dryer air contains more ozone or concentrated oxygen. The moisture refracts the light as it passes through the air. Its comparative absence permits the light to come more directly to the eye, and so renders light more intense and stimulating. This condition of things has done good in some cases of consumption and harm in others. Since neuralgia is an affection of general debility and irritability of the nervous system or special nerves, a constant stimulating influence to the nerve centres can only increase the irritability without increasing the power, and this may be sufficient to destroy the nerve centre. Dr. Galloway says, “exaltation and depression are alike more marked here than at the east. Nutrition is more active and waste of tissue more rapid. The very great absorbing power of our air tends to exhalation of nervous power, while sudden electrical change probably tends to disturb the nervous functions. Extremes are brought near, and as the intermediate grounds have to be traveled rapidly, and frequently, accidents are proportionately common. Our climate favors the production of most if not all the affections relating to the cerebro-spinal system. I think those persons whose nervous constitutions stand the climate stimulus are more robust, more powerful and more free from disease than they would be in a more humid climate. Nervous diseases are most frequent in the latter half of winter and in early spring. The different forms occur in order of frequency about as follows: sciatic, dorso-intercostal, lumbar-abdominal, cervico-occipital, trifacial, crural. The so-called *irritable heart*, I regard as a neuralgic affection of the pneumogastric nerve.” Quinine as a nerve tonic has often afforded relief. In anæmic cases iron is to be combined with the quinine. Opiates, etc., afford the means of temporary relief. But severe and obstinate cases can be cured only by removing to a less stimulating or moister climate.”

INCISION OF ELBOW JOINT TO RELIEVE ANCHYLOSIS.—

Geo. E. Fenwick reports a very interesting case of partial ankylosis of the elbow joint, in the straight position the result of an unreduced dislocation, upon which he operated by excision with most excellent results. The case when first treated was mistaken by the attending surgeon for fracture, and was bandaged up in a straight position, and kept so for forty days. When she first came under Dr. Fenwick's care, reduction was impossible. Extension, flexion, supination and pronation are now nearly perfect.—*Canada Medical Journal*.

THE following abstracts of some of the papers read at the meeting of the British Medical Association at Plymouth, on the 8th, 9th, 10th, and 11th of August, are taken from *The Doctor*:

“Comparative Advantages of Laryngoscopic Treatment, and Direct Incision into the Larynx,” formed the subject of a paper by Dr. Morell Mackenzie. He stated that the relative advantages of these two methods must be considered in relation (1) to the quickness of cure, (2) completeness of removal and probability of recurrence, (3) danger to life, and (4) restoration of voice. From an experience of 100 cases treated, a month was estimated to be the average duration of laryngoscopic treatment. External treatment, on the other hand, required only a fortnight. As regards the second question, complete removal was able to be effected in 97 per cent of the cases which underwent the full course of laryngoscopic treatment, and recurrence took place in about 7 per cent. In twenty-eight cases of direct incision, collected from all sources, ten died in a short time) and in the remaining eighteen the growth was incompletely removed in three cases, and recurrence took place in three cases, or, in other words, in 20 per cent. As regards danger in life, no death occurred in the laryngoscopic cases, whereas, of the twenty-eight treated by external operation, three immediately terminated fatally, six died at the end of a few months, and one from an independent disease. With reference to restoration of function, perfect voice was regained in 77 per cent. of those who underwent laryngoscopic treatment, and a more or less serviceable voice was restored in 16 per cent. Of the eighteen patients who survived

direct incision more than a few months, only nine* completely recovered their voice, four had persistent hoarseness, and four permanent aphonia. Consideration of the above statistics establishes the permanent value of laryngoscopic methods of treatment, and justifies one in saying that extra-laryngeal treatment ought never to be adopted unless there be danger to life from suffocation or dysphagia.

Dr. R. W. Crichton read a paper on "The Value of the Sulphate of Iron as a Local Application in Phlegmasia Dolens." This method of treatment was first adopted by the author many years ago, from the great success reported by Velpeau from its use locally in erysipelas. It had been employed exclusively in that form of phlegmasia dolens commencing at the calf of the leg and extending upwards to the groin, where the veins are chiefly involved. It had been applied as a lotion (twenty or thirty grains to one ounce of water) as hot as the patient could comfortably bear it, generally by means of spongio-piline. All the cases so treated had made good and rapid recoveries, contrasting favorably with cases formerly treated by leeching and hot fomentations. Muriated tincture of iron was, at the same time, given in large doses. The same method of treatment was suggested in other cases of phlebitis.

"The Lesions of Enteric Fever as an Occasional Cause of Permanent Injury to Nutrition" was spoken of by Dr. Clifford Allibutt. He drew attention to the convalescence from enteric fever, which is well known to be often so tedious; and he raised the question whether the specific lesions of that disease, affecting as they do the instruments of absorption, might not sometime be the cause of permanent marasmus. In enteric fever the local mischief falls not only upon the patches of Peyer in the ileum, but spreads itself throughout the network of the mesentery. If a rat be fed upon tallow candles and then killed, the presence of fat in great quantities in the mesenteric network and glands shows how active is that system in taking up this element of nutrition. Any disease, therefore, within it, or chronic peritonitis outside it, would have its visible effect in

*These cases are tabulated in the Thyrotomy table in the author's "Essay on Growths in the Larynx." In this table, however, the result of case 27 is entered as 'not stated,' but since the publication of the volume of Dr. S. Cohen has informed the author that the result "was complete restoration of voice."

hindering the absorption of fat and in preventing the laying on of adipose tissue. These considerations occurred to the author in consequence of his advice being sought in several cases of marasmus, pure and simple, without local disease, without fever, and without adequate loss of appetite. In all of those a severe attack of enteric fever had preceded the marasmus. The patients, who were almost denuded of adipose tissue, had, previous to the attack of fever been in good health.

DIAGNOSIS OF PHANTOM ABDOMINAL TUMORS.—In an interesting clinical lecture published in the *Medical Times*, Dr. J. M. DeCaster states that the most efficient mode of diagnosing phantom tumors of the abdomen is by the use of an anæsthetic. When under the influence of ether, a phantom tumor must disappear, and thus remove all doubt as to the nature of the case. He says, “not in a single instance have I found these apparent tumors remain when the patient is under the influence of ether or chloroform, though they reappear, and quickly, when he passes from under its influence.” Thus, we can control the diagnosis not only of phantom tumors, but muscular contractions of the abdomen, not unfrequently feigned, and which high authority declares a source of difficulty almost impossible to get over.”

ACUTE SYNOVITIS—INCISION INTO THE JOINT.—Mr. J. R. Jessop, F. R. C. S., in a lecture published by the *British Medical Journal*, states that he lately successfully followed Prof. Lister’s plan, and incised into the knee joint of a patient aged twenty years, who suffered from acute synovitis, after the ordinary treatment adopted in such cases had been tried, *i. e.*, rest, leeches, ice, evaporating lotions, salines, etc., etc. Mr. Jessop made an opening into the joint, and in the axis of the thigh, commencing one inch above the patella, the opening was an inch long, but had to be enlarged to one and a half inches to allow flakes of lymph to pass through, which were suspended in from eight to ten ounces of clear fluid. From the time the incision was made the excruciating pain ceased, the fever disappeared, the swelling never returned, and the patient was sent from the Leeds Infirmary to a convalescent hospital with a movable painless joint within a month from the time of the operation.—*The Doctor*.

EXCISION OF THE LATERAL HALF OF THE TONGUE.—Dr. George Buchanan reports three cases operated upon by him in the Glasgow Infirmary for chronic disease of the tongue simulating cancer. An incision in all three cases was made through the center of the lower lip down to the hyoid bone, then the lower jaw was sawn through; a piece of string was next passed around the divided sides to hold the jaw apart. The muscular attachments of the tongue were severed and the organ was drawn well forward. An incision was then made down the center of the tongue to the base, and then by a slight curve of the knife, the remaining attachments of the affected side were severed and it was removed. Hemorrhage was promptly checked by tying the lingual artery. The wound was sponged with a solution of chloride of zinc, and the jaw was held in place by boring a hole through each side and passing through a silver wire and twisting it off. In all of the cases the speech was quite intelligible after recovery.—*Ed. Medical Journal.*

THE PRUSSIAN SIEGE OF PARIS.—The profession has been put in possession of a few particulars in regard to the bearings of the first or Prussian Siege of Paris, in hygiene and surgery, a paper by Dr. Gordon, C. B., on the subject having been read before the British Medical Association at Plymouth, a few weeks ago, and more recently published at length in the journal of that body. Dr. Gordon, alluding to the physique of the men who were drafted into the battalions formed in Paris, in the vain hope of resisting the approaching powerful enemy, remarks that they were in a great measure undeveloped lads, unsuited in bodily strength for the hardships of a campaign. The clothing supplied to them, although apparently of good quality, was insufficient in quantity; food, scarce almost from the commencement of the siege, was altogether insufficient in quantity long before the capitulation took place, while at the same time fuel became a thing almost unknown, and all this in a winter of unusual severity, so that the sufferings of the troops must at times have been very great. A new and unexpected question is raised in reference to preserved or tinned meats, the suitability of which as food is doubted by Dr. Gordon, whose remarks upon the subject almost seem to receive

confirmation in the reports from the camps of the autumn manœuvres supplied to the daily press by correspondents. Dr. Gordon, aware of the importance of the question, writes cautiously in regard to it, but considering the suggestive bearing it has to long sea voyages and to future campaigns, it will it is hoped obtain further attention.

It would seem that the male nurses in the Paris hospitals were neither well-informed in regard to their duties, nor desirable attendants in other respects. There appeared to be some considerations however, which led Dr. Gordon, while writing in respectful terms of the female nurses, to suggest their unsuitableness for military hospitals, and he would accordingly have them replaced by well trained and respectable men.

The great mortality among the wounded is alluded to, and mortality to which several conditions seem to have conduced, such as improper and insufficient accommodations, previous hardships, cold, and insufficient food, and inadequate support in hospitals, *vin de Bordeaux* and *confiture* taking the place of beefsteak and porter. The question of conservative surgery is also glanced at, the impression evidently being that rules have yet to be laid down as to the conditions in which its practice should be adopted, as well as those for which its requirements are unsuited.—*The Doctor*.

BOOK NOTICES.

A Memorial of Midwifery, including the Signs and Symptoms of Pregnancy, Obstetric Operations, Diseases of the Puerperal State, etc., etc. By Alfred Meadows, M. D. London. First American, from the second London edition. Published by Lindsay & Blakiston, Philadelphia. For sale by S. C. Griggs, Chicago.

This is a small octavo volume of 473 pages. In the first part the physiology of conception and gestation, with the development of the ovum from the time it leaves the ovisæ to its full maturity, together with the coincident changes occurring in the uterus, are considered. The second part embraces the whole subject of pregnancy : its signs and symptoms, its dura-

tion, and the various deviations from what may be called normal pregnancy, including the various forms of extra-uterine gestation and of displacements of the gravid uterus.

The third part treats of natural parturition, the classification of labors, and the phenomena and management of natural labors. The fourth part brings under review the various obstetric operations which are necessitated by the different emergencies described and illustrated in Parts V. and VI, under the heads of unnatural and complex labor. Lastly, some of the principal diseases of the puerperal state are described in Part VII.

This systematic arrangement of subjects, and the concise, practical style in which it is written, make the work especially valuable as a students' manual, while a very full table of contents and index render it easily accessible as a work of reference.

Handy-Book of the Treatment of Women's and Children's Diseases, according to the Vienna Medical School, with Prescriptions. By Dr. Emil Dilluberger. Translated from the second German edition, by Patrick Nicol, M. B. Philadelphia: Lindsay & Blakiston.

In this little volume we have presented, in a condensed form, a considerable number of valuable suggestions and directions in regard to the treatment of women's and children's diseases.

A Treatise on Localized Electrization and its Applications to Pathology and Therapeutics. By Dr. G. D. Duchenne. Translated from the third edition of the original, by Herbert Tibbets, M. D. With numerous illustrations, and notes, and additions, by the Translator. Philadelphia: Lindsay & Blakiston, Publishers. For sale by Cobb, Andrews & Co., Chicago. Price \$3.00.

To all readers of French medical literature, Duchenne's great work on Localized Electrization is already familiar. It is now, however, for the first time rendered accessible to the general profession by means of an English translation.

The original work constitutes not only an exhaustive treatise on the medical uses of electricity, but is also an elaborate exposition of the different diseases in which electricity has proved to be of value as a therapeutical and diagnostic agent. A third edition is now in process of passing through the press, and the volume before us includes all that part of it which had been printed at the time of the investment of Paris by the German army.

The additions by the translator have been made with special reference to the requirements of English medical practitioners, and particularly with a view to facilitate the practice of medical electricity.

The Functions and Disorders of the Reproductive Organs in Childhood, Youth, Adult Age, and Advanced Life, considered in their Physiological, Social, and Moral Relations. By William Acton, M. R. C. S. Third American, from the fifth London edition. Philadelphia: Lindsay & Blakiston, Publishers.

This standard work is already well and favorably known to the profession, through its former editions.

Practical Therapeutics, considered chiefly with reference to Articles of the Materia Medica. By Edward John Waring, M. D., F. L. S. Second American, from the third London edition. Lindsay & Blakiston, Publishers. Price, cloth, \$5.00; sheep, \$6.00.

This valuable work has been thoroughly revised, and to a great extent re-written. The many new and important therapeutical facts and discoveries which have been developed within the last few years, necessitated the addition of a considerable amount of new matter. By a careful abridgement and consideration of certain portions of the work, however, space has been made for these additions, without any increase in the size of the volume.

Among the new articles considered are chloral, bromide of mercury, iodide of methyl, protoxide of nitrogen, sandalwood oil, etc.

Extended notices are also given of such articles as bromide potassium, Calabar bean, carbolic and sulphurous acids, permanganate of potash, and the alkaline hypophosphites and hyposulphites, which, although not strictly new, have only of late years had their claims, as valuable and important therapeutical agents, fully recognized.

A Practical Treatise on Fractures and Dislocations. By Frank Hastings Hamilton, A.M., M.D. Fourth edition. Revised and improved. Philadelphia: Henry C. Lea, Publisher.

This standard work of Prof. Hamilton's is, we believe, almost the only complete and exhaustive treatise on the subject in the English language. It is a volume that should be in the possession of every medical practitioner who undertakes to deal with this troublesome branch of surgery. With it at hand for reference, and to fall back upon as authority in case of need, and with the exercise of a moderate degree of care and skill on the part of the physician, most of the troublesome and disagreeable mal-practice suits, to which this class of injuries so frequently gives rise, might be avoided.

No essential alterations appear to have been made since the former editions.

The name of Henry C. Lea as publisher is of itself a sufficient guarantee of the excellence of the mechanical execution of the work. Clear, legible type, good paper, and substantial leather binding being the invariable accompaniments of all volumes received from that house.

Headaches: Their Causes and their Cure. By Henry G. Wright, M.D., etc. From the fourth London edition. Lindsay & Blakiston, Philadelphia.

This little work, which has been for some time out of print, is already well known to the profession, and requires nothing more than the mention of its re-issue to insure to it a favorable reception.

EDITORIAL.

EXPLANATION.—The present number of the *EXAMINER* was just ready for delivery, but had not been sent out of the printing office, which was located in the North Division of the city, when the great fire occurred. It was consequently destroyed so completely that not even a scrap of the original manuscript was left. Some of the articles were soon reproduced and others substituted with a view to a speedy re-publication. But the fire had destroyed every press in the city in which book and medical journal work could be printed. We have waited patiently five or six weeks in the hope that our old printers would be ready to resume their work, but have at last been obliged to send to Ann Arbor for the printing of the present number. The November and December numbers will follow in quick succession, and by the first of January we expect to be on time with the first number of the new volume.

The subscription list and all the books belonging to the *EXAMINER* were preserved. We hope old subscribers who are in arrears will immediately pay up, and new ones send in their names for the next volume.

MEDICAL COLLEGES IN CHICAGO.—The Chicago Medical College, Medical Department of the Northwestern University, is located in the south part of the city, in the same block with the Mercy Hospital, and was entirely out of the reach of the fire; and as the students of this College were boarding in the same section of the city, they also escaped all injury or loss. Although Professors Isham and Byford suffered severely, losing both their residences and offices, and some of the other members of the faculty suffered minor losses, yet the regular lectures in the College were suspended only one day, and even on that day while the fire was raging with all its fury, Professor E. Andrews attended his clerical hour in the hospital and performed several operations in the presence of a large part of the class. The hour for these operations had been previously

fixed, and their performance, together with the resumption of the full course of lectures the following morning, was not from any want of interest in the results of the fire or in the welfare of the community, but from the conviction that one of the most efficient modes of preventing demoralization and discouragement, when some great calamity has overtaken a community, is, for every man who has anything to do and a place left to do it in, to continue dilligently at his work, and employ as many others in the same way as possible. The class in attendance is fully equal to that of any previous year.

The Rush Medical College, being located in the North Division of the city was entirely consumed with all its contents. Several members of the faculty suffered very severe losses, and many of the students boarding in the vicinity also lost their books and clothing. Of course their lectures were suddenly suspended. On the next day after the fire their faculty were officially notified that all their matriculated students would be permitted to attend the lectures of the Chicago Medical College free of charge, until the faculty could procure new rooms in which to resume their lectures. And in case they did not deem it advisable to resume the present term, all their students who had actually paid their lecture fees were offered the privilege of completing their course in the Chicago Medical College without further charge.

In about two weeks the Faculty effected an arrangement by which they resumed their regular course of instruction, in the amphitheatre of the County Hospital. A large part of their students returned, and so far as we know, their work is progressing satisfactorily. In the present number of the *EXAMINER* will be found an appeal from the Visitors of that school, to its Alumni throughout the country, for aid to rebuild the College. We hope it will meet with a liberal response.

The Woman's Hospital Medical College was also burned out. Occupying temporary rooms and a recently organized institution, it had not much property to lose, and soon resumed its course of instruction in temporary quarters in the West Division of the city,

RELIEF FOR MEDICAL MEN—CHICAGO, October 19, 1871.
—At a meeting of Physicians held on the 17th inst., at No. 797 Wabash avenue, of which Dr. N. S. Davis was made Chairman, and Dr. E. Andrews, Secretary; the announcement having been made that communications had been received from prominent Physicians of other cities, to the effect that contributions, for the relief of the suffering members of the profession here, are now awaiting the order of responsible parties to receive and disburse them. Drs. Moses Gunn, E. Andrews and A. Fisher having been appointed a committee to recommend suitable persons for a permanent Relief Committee of five, nominated the following gentlemen: Drs. N. S. Davis, DeLaskie Miller, Ernst Schmidt, T. D. Fitch and Walter Hay, which nominations being unanimously approved, the following resolutions were adopted:

Resolved, That the Committee just chosen is hereby authorized to receive all donations for the relief of the respectable Physicians, who are sufferers by the late fire, distribute the same at their discretion, and render a strict account, with vouchers, to any future meeting, which may be called by the Chairman, to consider the same.

Resolved, That this meeting tender the cordial and heartfelt thanks of the profession of this city to their brethren in other and distant cities, for the prompt and liberal offers of assistance to the many among us who have lost, by the late terrible fire, not only their homes, clothes, books and instruments but their practice, and pledge a just use of whatever is given.

Contributions may be forwarded at once by express, or draft on New York, to Walter Hay, M. D., Secretary Medical Relief Committee, No. 384 Michigan Avenue.

Donations from publishing houses, instrument makers and physicians, of books, instruments, or apparatus, will be gratefully received; as many of our professional brethren have saved only their lives.

DE LASKIE MILLER, M. D.,	}	Committee.
Mo. 518 Wabash Avenue, Chairman.		
N. S. DAVIS, M. D.,		
No. 797 Wabash Avenue, Treasurer.		
ERNST SCHMIDT, M. D.,		
No. 387 State Street.		
T. D. FITCH, M. D.,	}	
No. 296 West Monroe Street.		
WALTER HAY, M. D.,		
No. 384 Michigan Avenue, Secretary.		

Up to the date of this writing, November 18th, the above Committee had received \$6,788.00, chiefly from New York, Brooklyn and Cincinnati; all but \$1,000 of which has been distributed among some seventy-five members of the profession who had suffered severe losses by the fire. The sums given to individuals have varied from \$30 to \$135. In addition to this, the profession in St. Louis promptly contributed \$900, which they sent in the hands of a committee of their own number, which committee apportioned it in sums of \$50 each to eighteen of our physicians who had suffered most severely and were in most urgent need of aid. As near as we can learn, there were about one hundred regular physicians in good standing who lost almost everything in the shape of books, instruments and office furniture, and about half of them their residences and all the available property they possessed. Some of them had been doing laborious professional work for twenty and thirty years. Yet all are in good cheer, and more anxious to alleviate human suffering than to replenish their own pockets. What they feel most keenly the need of is books and instruments. Good, well assorted pocket-cases of surgical instruments and standard works on the practical departments of medicine would be highly acceptable to the afflicted part of the profession.

CHICAGO, NOV. 1, 1871.—TO WHOM IT MAY CONCERN.—This is to certify, that the resident Alumni of Rush Medical College, of the city of Chicago, at a meeting held at the house of E. Ingals, M. D., on the eve of October 17, 1871, appointed the following Alumni an Executive Committee, to draft and present an appeal to the Alumni and friends of the College, for aid to rebuild and refurnish the College Building, viz: T. D. Fitch, M. D., Chairman; H. A. Johnson, M. D., V. L. Hurlbut, M. D., C. T. Parkes, M. D., Ben C. Miller, M. D., and F. A. Emmons, M. D.

E. INGALS, M. D., Chairman.

CURTIS T. FENN, M. D., Secretary.

AN APPEAL TO THE ALUMNI AND FRIENDS OF THE RUSH MEDICAL COLLEGE, RECENTLY DESTROYED BY FIRE, FOR AID TO ASSIST IN ITS REBUILDING.—This College is among the oldest institutions of learning in the northwest, having been in operation since 1843, at which time the region now tributary to Chicago was but sparsely populated, and had little wealth. During this time it has supplied a pressing need of this new country. It has educated a large number of young men, who are scattered through our whole country, worthily filling places of great usefulness and responsibility; and for this, both themselves and the public are indebted, in a great measure, to the school in which they received their instruction. A large proportion of its students have been possessed of little, save youth, hope, intelligence, and determination. Many of these, having been generously aided by the College, have taken rank among the most substantial members of the profession. The Faculty at all times, since its organization, has been moved by an earnest desire to promote the best interests of the profession and the College. For this its members have labored faithfully and earnestly; they have met the pecuniary burden of the school from its first foundation, and four years since they erected from their own resources, at an expense of \$70,000, the most ample and best appointed college building on this continent, and filled it with every necessary appliance for successful teaching, and the influence and usefulness of the school has steadily increased from year to year. But in a day, the college building, with all its contents, was swept away, along with a large part of the city, in which it stood a peer among many other noble institutions of learning. The pecuniary loss of the Faculty, in the destruction of the college, is light when weighed against others they have sustained. A number have lost nearly everything, and all have suffered much. The college must be rebuilt. Its past history, its future promise for good, demand no less. Under the circumstances, it is unreasonable to expect the faculty to do this unaided. The college is now in a condition to justify an appeal to its Alumni, and to society, for some return for the favors it has conferred upon both. There is, perhaps, no field

of benevolence, that offers a richer return than to provide adequate and easy opportunities for instruction to those who desire to become learned in the best means for assuaging pain and healing the sick.

All donations may be remitted to Charles T. Parkes, M. D., 462 Elston avenue, Chicago, who has been elected treasurer for the fund. They will be thankfully acknowledged, and faithfully devoted to the rebuilding of the college.

MEETING AND ORGANIZATION OF THE COMMITTEE.—At an appointed meeting of the Executive Committee, held at Cook County Hospital, October 26th, 1871, all the members being present, Dr. T. D. Fitch, in the chair, the committee organized by the election of the following officers: F. A. Emmons, M. D., Secretary; Ben C. Miller, M. D., Assistant Secretary; C. T. Parkes, M. D., Treasurer, who was required to give good and satisfactory bonds in the sum of thirty thousand (\$30,000) dollars, for the faithful performance of his trust, which bond has been furnished and duly accepted.

T. D. FITCH, M. D., Chairman.

F. A. EMMONS, M. D., Secretary.

THE TRUSTEES OF RUSH MEDICAL COLLEGE TO ITS ALUMNI, GREETING.—The last terrible conflagration which devastated so large and fair a portion of Chicago, swept out of existence nearly all of the material part of your Alma Mater. Rush Medical College exists to-day only in its legal organization, the lot on which the College building stood, the energy of its Trustees and Faculty, and the love and fidelity of its Alumni.

The College edifice, so recently and expensively erected, the chemical and physiological laboratories, the museum, and all the appliances of teaching, are gone, and a sad material ruin replaces them.

The Trustees are, however, cheered and encouraged by the expressions of sympathy and offers of pecuniary assistance which have come to them from many of the Alumni, in differ-

ent parts of the country. The Alumni in Chicago have appointed a committee, to appeal to their brethren, in behalf of their Alma Mater. This appeal the Trustees most heartily approve and endorse; and while all sums which may be offered will be most thankfully received, they are confident that fortune has smiled upon very many of the sons of "Old Rush," and that among these favored ones there are generous hearts, which will prompt to munificent donations. To such they make the following offer:

For every donation of five hundred dollars the Trustees will establish a perpetual free scholarship, which shall bear the name of the donor, and which shall be conspicuously emblazoned on the wall of the lecture room. A certificate of this scholarship, engrossed on parchment, will be issued to the donor; which certificate shall secure to the bearer, free tuition, and when found qualified, free graduation. This certificate shall be perpetual in its operation; and thus the donor will have endowed for one student each year a Free Medical College.

WM. B. OGDEN, Chairman.

GRANT GOODRICH, Secretary.

EFFECT OF CHLORAL HYDRATE ON THE BLOOD.—The London Microscopic Journal for August, 1871, contains an account of a number of experiments, made by Thos. S. Ralph. M.R., C.S., with a view of determining the chemical effects of Chloral Hydrate, Chloroform, Prussic Acid, and other agents, upon the blood.

The writer says: "Hydrate of chloral is a remarkable chemical substance, producing a singular effect on the blood when applied directly to it. A small portion being placed on a glass slide and slightly moistened, and then fluid blood added about one-third of the corpuscles appear to corrugate their solid contents, which then takes colour from magenta.

"In the following October I had occasion to administer chloral in small doses, with a view of relieving pain. This enabled me to examine the condition of the blood. The blood drawn two or three hours after its exhibition, presented a re-

markable appearance. In several parts of the field of the microscope, besides garnet-coloured amorphous particles, a number of red-coloured globules (double the diameter of white corpuscles, and many smaller) were seen; some of them were dark red. This was experiment the first.

Experiment 2—Hydrate of Chloral was exhibited by the stomach to a rabbit; within an hour red masses were seen in the blood, also the presence of starchy bodies was noticed.

Experiment 3—A frog was subcutaneously injected with chloral hydrate, with the same results.

Experiment 4—A frog was immersed in a four-grain solution of the hydrate for some hours, when it was found hypnotic. Blood nuclei of corpuscles appeared greenish, red particles also seen.

Experiments 7 and 8—Two rats were killed, one by chloroform, the other by hydrate chloral, injected subcutaneously. In the latter the blood exhibited ruby-red particles; a few bluish; also starchy bodies in abundance. The urine also showed the same. The chloroformed rat presented an abundance of starchy bodies, and some blue-coloured particles; blood from lungs—plasma reddish; few starchy bodies; some blue particles; scarcely any reddish.”

After detailing, in this manner, a large number of similar experiments the writer sums up his conclusions as follows:

“Hydrate of chloral administered by the stomach or subcutaneously injected, gives rise to the production of bright red or dark red particles, masses, or globules in the blood. Starchy bodies are also met with” accompanying these changes. The urine also exhibits these bodies. The same result follows when vapor of chloral hydrate is applied to fresh drawn blood. Ammonia, administered by the lungs or subcutaneously during the action of chloral on the animal economy appears to heighten these effects.

Formic acid added to fresh blood also causes the production of dark red globules and particles.

Lactic acid conjoined with prussic acid does the same.

Prussic acid and ammonia conjoined yield the same results.

The action of hydrate chloral, while decomposing under ammonia or a salt of iron, presents changes which to my mind are identical. All these results I refer to the action of formyl or ammonia-formate on the iron of the blood. The decomposition of lactic acid with prussic acid can supply chemically the elements necessary for the production of formyl or formate of ammonia; as also prussic acid and ammonia."

Another remarkable occurrence is mentioned which receives its solution from the forementioned experiments. "Some blood was accidentally examined after wine (Reishing) had been taken; this was with a view of exhibiting the action of prussic acid on the iron in the blood; but it was noticed little or no reaction could be found after its application; but a good many red-coloured globules and particles were seen just as if chloral had been taken. In consequence of this, a small drop of urine was added to a little blood fresh drawn; the changes seen under the microscope were most remarkable. Abundance of globules of a dark-red or brown colour made their appearance, as also red amorphous masses or particles. Gas also was given off in the neighborhood of the globules. Some of these bubbles contained a bluish fluid; the nuclei of the white corpuscles were bluish.

The experience I have already gained in carrying out these experiments leads me to see that the condition of the blood recognizably varies from day to day, from the effects of food, etc.; for the varying degrees of success which have attended a number of experiments performed with the same chemical agent, on the same individual, point to the great probability of the variable condition of the blood, when that individual has been the subject of variety in diet, or degrees of fatigue of mind or body."

In concluding he says, "another consideration which presents itself to my mind is, that just as we now test the condition of the urine in order to ascertain what is being eliminated from the body of a patient, so will the physician find it useful occasionally to test, by means of reagents, the condition of the

blood of his patient, in order to verify the character of some obscure symptoms. Even at this period of my experience, I have reason to believe it is possible by means of agents previously administered, to prolong the hypnotic action of chloral, or to prevent or modify it in a great degree. Thus, I believe, I have at least been able to give demonstration to the theory of Leibrich, who, by his chemical knowledge, has enabled the medical practitioner to employ a remarkable agent, one which promises to be a sister companion to chloroform in alleviating the ills to which flesh is heir. I hope I may be fortunate enough to arouse the attention of my professional brethren to the investigation of the chemical action of remedies on the blood, and thereby, perhaps, lead on to a more rational and satisfactory mode of treating some diseases, which in time to come, I believe will be attacked through the blood itself."

PUBLICATIONS RECEIVED.

Plastics and Orthopedics: A Report re-published from the Transactions of the Illinois State Medical Society for 1871. By David Prince, M. D.

The report on Orthopedics made to the Illinois State Medical Society by Dr. Prince, in 1864, and his report on Plastics, made in 1867, were attempts to make the knowledge of these important branches of surgery more easily accessible to the profession. The present report is a continuation of this effort, such additions having been made as to include all the recent advances.

Transactions of the Indiana State Medical Society. Twenty-first Annual Session. 1871.

This is a handsome volume of 250 pages, containing a number of valuable and interesting reports. A finely executed likeness of the late John S. Bobb, M. D., with a short biographical sketch by G. W. Mears, M. D., also adds much to the value of the volume. We shall take occasion to give a more extended review of some of the reports in a future number.

CHICAGO MEDICAL EXAMINER:

N. S. DAVIS, M. D., EDITOR.

F. H. DAVIS, M. D., ASSISTANT EDITOR.

VOL. XII. NOV. AND DEC., 1871. NOS. 11 & 12.

ORIGINAL CONTRIBUTIONS.

LECTURE XLII.

Erysipelas—Sporadic and Epidemic—Being one of the Lectures in the Regular Course on Practical Medicine in the Chicago Medical College, for the Session of 1871-2.

By N. S. DAVIS, M D., and Prof. Reported by L. S.

GENTLEMEN: There is another disease that was appended to the class of affections which has occupied our attention for the last few days, but which, as we explained at the time, presented so many points of difference from the other members of the class, that it was not strictly correct to call it an eruptive fever. That disease is Erysipelas. It is one of the few diseases that seem to form a connecting link between the departments of Practical Medicine and Surgery. When it occurs in connection with wounds, injuries, or surgical operations, it is called *traumatic erysipelas*, and the consideration of this

form we shall leave entirely to my colleague in the Chair of Principles and Practice of Surgery.

The disease also sometimes attacks the woman in child-bed, giving rise to one of the most fatal forms of puerperal fever. But you will be duly instructed in reference to this by my colleagues in the departments of Obstetrics and Gynæcology. Erysipelas, however, appears both sporadically and epidemically independent of wounds or injuries, and equally independent of the child-bed state; and when thus occurring it is as fully within the domain of practical medicine as pneumonia or typhoid fever. In this aspect it is not a disease of frequent occurrence, yet the busy practitioner meets with cases of it almost every season. Occasionally it assumes the form of an epidemic and presents every grade of severity. When it occurs sporadically, that is, without any prevalent epidemic tendency, it is generally mild and rarely proves fatal. On the other hand, in some of the epidemics that have occurred in this country, it has assumed such a degree of severity as to destroy life in three or four days.

One of the most noted epidemics that have come within my own observation prevailed from 1841 to 1846, in different parts of the country. It appeared first, if we remember correctly, in some of the eastern states and extended westward through the central part of New York, not by a continuous line of communication, but more or less irregularly, and after appearing in the western states continuing to recur in different localities until 1846. When the meat packing business first became extensive in this city, if I remember right, it was in 1863, several large slaughtering houses were erected on the south branch of the river, and early in the autumn the blood and offal was turned into that sluggish stream in such quantity that it became literally red with blood to its outlet in the lake. The rapid decomposition of this quantity of animal matter soon killed all the fish in the river, and impregnated the atmosphere with effluvia to such an extent as to be offensive to the nostrils in almost every part of the city. In less than four weeks erysipelas began to prevail, and within three months several hundred

cases occurred. More than seventy cases came under my own care. The disease was so clearly traceable to the emanations from the river, that my colleague, Prof. E. Andrews, constructed the following map, showing the localities of its prevalence.

During the prevalence of an epidemic of erysipelas there is generally more than the usual prevalence of puerperal fever or peritonitis. It has been observed that a large proportion of the women who are confined during the prevalence of an epidemic in the circle of its influence, are attacked with puerperal or child-bed fever; and this is usually accompanied by a large ratio of mortality.

The connection of erysipelas of the epidemic character with cerebro-spinal meningitis has been noticed in several localities. We have had an unusual prevalence of erysipelas, at least three times since I have been a resident of Chicago: one of these was the one I alluded to as caused by the putrid emanations from the Chicago River. It was a marked epidemic in which a large number of people were attacked; but it was not accompanied by a large ratio of mortality.

The disease as it occurs sporadically, is generally ushered in by a chill often so moderate as to attract but little attention and immediately followed by a moderate degree of fever. But there are no symptoms to distinguish it from the onset of any other febrile affection, except that there is usually a slight stiffness and soreness in the fauces, sometimes so positive as at once to attract attention, and other times the patient will hardly allude to it, unless it be inquired after particularly. At the same time that the fever comes up active enough to give rise to heat of skin, general feelings of uneasiness, headache, and pains in the back and limbs, there is some degree of thirst with a little whitish or yellowish white coat upon the tongue. At the end of the first day, or during the second, there is usually a feeling of soreness in the flesh and stiffness directly over the wing of the nose, and on the ridge of the cheek or under the tip of the ear. This is true of a majority of instances; but there are instances in which this particular feeling of soreness in the flesh, as if the part had been bruised, is not enough to attract atten-

tion. The same feeling of soreness may be in other parts, as the upper extremities or the trunk of the body. Occasionally it is the nates and sometimes the scrotum.

In about 24 hours from the time this soreness is felt in any given locality there will be manifested symptoms of inflammation on the skin. This inflammation will be of a deep red color with some tumefaction and hardness showing a little extravasation or exudation into the subcutaneous tissue. The elevated red spot has a perfectly defined margin. In this respect it differs from most other inflammations. The margin is more abrupt and better defined; it is not shaded off so insensibly that you cannot really tell where the redness begins as in ordinary inflammation.

In the moderate cases of erysipelas the soreness in the throat that has been previously felt during the two or three days of premonitory fever disappears as soon as the local inflammation appears on the surface. The eruption or tumefaction generally begins on the cheek near the wing of the nose but there are many instances in which it makes its appearance first at the tip of the ear. Whichever place it begins it spreads steadily and usually with considerable rapidity laterally, and in all directions except directly downward toward the lower lip or the chin. It extends laterally and upwards more and more upon the cheek so that in about three days from the time it appeared, in ordinary cases of sporadic erysipelas it will have spread over the whole of that side of the face including the eyelids and crossed over the nose so as to reach about midway over the other cheek. It always crosses over the bridge of the nose, never on the lips below it. I do not know why, but I have watched erysipelas a good many years and never knew a case to cross underneath the nostril on the lips but it invariably goes over the bridge of the nose.

In mild cases it will continue to spread steadily about one week, when it will occupy the entire face (except the chin and lips) including the ears and mastoid spaces. Many cases of the milder class will stop there, and after remaining stationary for one or two days will decline rapidly leaving the patient conva-

lescent in from nine to twelve days from the commencement of the attack.

Oftentimes in these mild cases there will appear about the third day after the inflammation on the surface more or less vesication. These are not distinct vesications of uniform character, like varicella or herpes, but they will vary in size from the circumference of a very small pea to the diameter of one or two inches constituting large blebs or simple elevations of cuticle, the spaces being generally filled with transparent serum so that they look precisely like blisters produced by the application of cantharides. These vesicles in some mild cases are entirely absent. In cases of moderate severity they are quite extensive and often run together.

In the class of cases a little more severe, the disease does not stop when it occupies the face, but keeps steadily on until it extends over the whole scalp, ears, and back of the neck. There are many cases where it recedes from the point first attacked in proportion as it advances to new parts. For instance if it commences on one side and spreads laterally, by the time it comes to occupy the opposite side and pass over the eyelids and upon the forehead, the first cheek invaded will have the disease declining so that the swelling has partly disappeared from it; the vesicles will be drying up and the cuticle exfoliating; and by the time it invades the top of the head, it will be passing from the face, which will become in a great measure free. Often where the patient was attacked eight or ten days before, the face will be nearly well, and the disease occupying the back side of the head and back of the neck and ears and mastoid spaces.

But in the most severe class of cases it does not decline at the point first attacked as it advances to new parts, but extends more rapidly and the tumefaction will be so great that in the course of five or six days from the onset of the disease the eyes will be closed completely and the features will not be recognizable, the swelling will have extended over the whole head, face ears and mastoid spaces, and the back of the neck and the face will present large vesications. In such instances there is apt to

be more or less delirium; the pulse increased to 100 or 120 beats in a minute, and is tolerably firm under the finger; the skin over the whole body is hot; the patient will have a severe grade of general fever. His tongue and fauces will be more or less dry, especially a strip along the middle of the tongue; frequently the fauces will be sore, so that there will be some pain in the act of deglutition, and the glands occasionally become involved in the swelling behind the angle of the jaws, so that there is more or less difficulty in opening the mouth. These are the severer class of cases occurring sporadically.

When the disease has prevailed as an epidemic, especially in the epidemic that occurred from the year 1841 to 1846, in some localities it assumed a still greater degree of severity. The patients would be attacked with a chill, followed immediately or accompanied we might say, by soreness and stiffness, in the fauces; and followed by a rapid development of general fever. In twenty-four hours the erysipelatous redness would make its appearance upon the cheek near the wing of the nose and spread rapidly, swelling the features largely, and in four or five days it would have extended over the face, head, and neck. The disease would continue in the throat, tumefying the tonsils and adjacent parts. At the end of six or seven days the tongue would become swollen so as to fill the mouth, making both breathing and deglutition difficult and noisy.

In some cases the tongue becomes so much swollen as to fill the mouth, compelling the patient to keep it open; allowing the tongue to become covered with a dark crust. It was this swollen and black appearance that gave the disease very generally the name of "black tongue."

Cases of this degree of severity were accompanied early by delirium, sometimes excited delirium, and in from four to six days, in some, the throat would be so completely filled up that suffocation and death ensued.

It is possible that some of the cases involved more or less inflammation of the base of the brain. A great many cases, however, in that epidemic were of a milder character. One of the cases that occurred in the neighborhood where I was prac-

ting, but not under my care, was a young woman. The disease attacked the cheek first, but extended over the face, head, and down upon the back of the neck, over the shoulders, and finally over the trunk of the body, so that the entire head, neck, and trunk to the waist anteriorly, and hips posteriorly were occupied by the disease, accompanied by great tumefaction, intense redness, and numerous large vesications. This patient died. At the same time this patient was sick a case occurred in my own practice. The patient was a man who was not in the habit of being very abstemious in his drinking or eating and was of a sanguine temperament. He was attacked with the disease violently. It was ushered in by a chill and soreness in the fauces; it next attacked the face extensively and spread so rapidly that in forty-eight hours it covered the whole face and head, the swelling completely closing the eyes and going as far back as the occipital and mastoid regions. He became wildly delirious, the pulse full and firm under the finger, and the skin hot and dry. I opened a vein and bled him freely, taking not less than thirty ounces of blood from the arm, and put a blister about an inch wide around his neck. The idea was prevalent at that time that we could put a stop to the spread of the disease by applying nitrate of silver so as to cauterize the cuticle or by removing it by blistering. I put a blister around the neck, and kept him on a strictly antiphlogistic regimen for five or six days subsequently; and whether the treatment had any effect or not the man got well.

The disease did not go below the blistered surface on the neck. This does not prove, however, that erysipelas will not cross a blistered surface, because I have learned from my own experience that it will, and I have also seen it cross directly over the surface where it has been thoroughly cauterized with nitrate of silver. In this case the treatment appeared to give a decided check to the disease. The bleeding I have no doubt was decidedly beneficial.

In some cases where the disease has prevailed in its epidemic form and the face, neck and throat became severely affected, these parts are left œdematous after the beginning of

convalescence. The patient being much debilitated, sometimes the aplastic or serous infiltration has extended into the tissues about the base of the epiglottis and between the vocal cords. This causes a moderate amount of tumefaction taking the name of *œdema of the glottis*, which affects the patient precisely like the severest form of croup and is sometimes the cause of suffocating the patient in the course of a few hours.

It was in consequence of some of these cases of *œdema of the glottis* following erysipelas and typhus fever that Dr. Gurdon Buck first attempted to scarify the epiglottis so as to allow of the escape of the exuded material; and he succeeded in some instances in the New York Hospital, in apparently rescuing patients from death. If any of you have access to the transactions of the American Medical Association, you will find a paper from him on this subject with a very excellent colored plate representing the *œdema* of those parts, and a description of the mode of proceeding in this surgical process of relief. I do not recollect what year he published the article.

As the disease prevailed here during the epidemic to which I have previously alluded in the year 1863, we had a considerable number of cases that were badly managed during the early stage of the disease. Some occurred in private practice, and others were brought into the hospital in the advanced stage of the disease, in which there was exhibited what I have not seen in any other epidemic, namely an extensive suppurative process set up especially in the parts most thoroughly tumefied during the progress of the disease. I recollect three cases that were brought into the hospital in which the disease had already spread over the whole face and head, completely occupying the surface except the chin; the swelling was very great; the eyes were completely closed, and large vesications existed on different portions of the surface, looking purplish from the intermixture of blood with the serum in the vesicles. About the time when the inflammation and swelling should begin to abate, suppuration took place deeply in the tissues of the eyelids, and in two cases the eyeballs were completely encircled except at the angles by abscesses, destroying the cutaneous tissue and

suppurating deeply into the socket, making it look for a time as though the eyeballs were going to be dissected out.

Still these patients recovered, and when the ulcers had filled up with granulations, as they did slowly, and cicatrized there was less difiguration than I had feared. There was a moderate degree of ectropion or turning out of the lower eyelids from the contraction of the cicatrices.

We have another form of erysipelas called phlegmonous, which generally attacks the extremities though it may attack different parts of the body. The disease is ushered in by more or less rigor, and the fever is generally more of the typhoid grade. The redness, when it appears upon the surface is darker or more purplish; the margin of the tumefactions not so well defined; the swelling permeates the tissues much more deeply and spreads less rapidly than ordinary erysipelas upon the surface. This variety of erysipelas generally spreads only a short space from the place of the first beginning, but speedily involves partial gangrene of the areolar tissue and diffuse suppuration. In from five to seven days we get an obscure sense of fluctuation but the abscesses have no distinct boundaries and do not tend to point at any particular place. On the contrary the matter burrows extensively between the muscles. As soon as you find a feeling of obscure fluctuation in the part, if you make a free incision, you will give exit to a considerable quantity of ill-formed pus, together with more or less strips or shreds of areolar tissue, undissolved but completely dead and separated from the living tissue. Often these shreds block up the incisions and temporarily obstruct the flow of matter, requiring them to be pulled out with a bent probe or forceps.

This form of erysipelas not unfrequently occurs in hospitals where the air is bad, in military camps, and sometimes in private practice where the patients are occupying low, wet and ill-ventilated dwellings; it is also liable to attack persons in the stage of recovery from typhoid and typhus fevers. Something resembling phlegmonous erysipelas will sometimes attack the parotid region during the progress of recovery from continued fever. I have a patient now who was one of those unfortunate

ones burned out by the recent great fire, previously accustomed to good living, but suddenly stripped of house and home, she was compelled to accept of such accommodations as she could get. She was attacked in a short time by severe typhus fever. It ran a pretty severe course of about three weeks, when she was fairly convalescent, so that I considered her safe, and omitted my visits for two or three days, when I was hastily recalled. I found her suffering from a diffuse and rapidly increasing swelling in both parotid regions. There was a blush of purplish redness upon the surface, and the parts were hard and inelastic to the touch. By putting the patient on the tincture of chloride of iron internally and covering the swollen parts carefully with cloths saturated in an infusion of aconite leaves and muriatic ammonia, the progress of the swelling was checked, and in the four or five days that have elapsed, it has nearly disappeared. But in a great many of these cases you will not be so fortunate as to check the progress of the swelling. The jaws will become completely blocked; deglutition will become difficult; the patient already debilitated by previous disease, either sinks from complete exhaustion; or lingering for a week or ten days, the areolar tissue involved in the swelling becomes destroyed partly by suppuration and partly by gangrene. If early and free incisions are made, discharging the pus and shreds of dead tissue, a slow and tedious recovery may be the result. But all these cases involve danger to the life of the patient.

TREATMENT:—Believing erysipelas to be a specific disease, caused by an animal poison, either imbibed with the air and water from without, or engendered by some imperfection of the disintegrating processes within; I cannot fully agree with the majority of writers on practical medicine, who state in general terms that it must be treated on the same principles as the continued fevers.* Speaking of the epidemic occurring from 1841 to 1846, Dr. Flint says: “tonic remedies, alimentation, and alcoholic stimulants, in other, supporting measures of treatment, were indicated.” Very similar views are expressed by

* See Flint's *Practice of Medicine*, pp. 850-52.

Drs. Bennett, Aitkins, and Tanner. The two latter admit that the disease is sometimes sthenic when measures of a more anti-phlogistic character may be indicated.

None of these writers speak of the tincture of chloride of iron, except as a simple tonic of more or less value in asthenic cases. My experience with erysipelas, both in its epidemic and sporadic form, has satisfied me that, while it is a specific disease and amenable to the influence of certain remedial agents, it occurs in very different conditions of the system.

A very few cases will present, during the first few days, that fulness and firmness of pulse; heat and tension of the skin; intensity of headache with some degree of delirium, that will not only justify, but render a prompt venesection, highly beneficial.

One case of this kind we have already mentioned.

In a much larger number of cases, in which the abstraction of blood is not necessary, there is much benefit derived from giving at the commencement five grains of calomel with five of bi-carbonate of soda, and if they do not cause a movement of the bowels in four or five hours, aiding them by a saline laxative. Immediately after the proper evacuations, I commence the use of some one of the remedies that are regarded as more directly curative in their influence over the disease. Abundant opportunities for observation have satisfied me that the tincture of chloride of iron, and the sulphites of soda and lime, are capable of exerting as specific an influence over the progress of idiopathic erysipelas, as quinine is over the paroxysms of an intermittent fever. And in a large majority of the cases, as they are presented to the practitioner, no preparatory treatment by evacuents or alteratives, is necessary, before commencing the use of this class of remedies. If the tincture of chloride of iron is relied on, it should be given to adults in doses of from 20 to 30 drops, in half a wine-glassful of sweetened water, every two or three hours, according to the severity of the case. After the first forty-eight hours, the interval between the doses may be increased to three or four hours, and continued at that rate until the redness and swelling have disappeared, and con-

valescence is fully established. Under this treatment the disease generally ceases to extend its boundaries after the third day, and by the seventh convalescence is fairly begun. In some cases a mild laxative may be needed two or three times during the progress of the case; and in other instances the bowels will become relaxed in the advanced stage, needing the exhibition of five or six grains of Dover's Powder each night.

In a few cases the tincture of chloride of iron has disturbed the stomach sufficiently to cause its rejection to vomiting. When this happens, the most reliable substitute is the sulphite of soda, in doses of from 10 to 20 grains dissolved in a small wine-glassful of water, and repeated every two, three or four hours. In the epidemic of 1863, I tested the efficiency of the sulphites of soda and lime, in several very severe cases, and was well satisfied with the results. During the same season six of the most severe cases admitted into the Mercy Hospital, were complicated with a typhoid grade of dysentery. To these I gave twenty grain doses of sulphite of lime mixed in a table spoonful of sweet milk, every four hours, and ten drops each of oil of turpentine and tincture of opium in a teaspoonful of an emulsion of gum-arabic and sugar, half way between the doses of the sulphite. The uniform result was a speedy improvement in the symptoms and an early convalescence.

When erysipelas occurs in a malarious district, the fever accompanying it exhibits, generally, more or less of a periodical character. In such cases the same remedies should be given, with the addition of anti-periodic doses of sulphate of quinine at each remission, in the early stage; and smaller doses may be combined with the iron in the later stage. During the first few years of my residence in this city, before the present system of sewerage and water-supply had been adopted, I met with several cases of erysipelas thus associated with malarious fever, and found the use of quinine an indispensable part of the treatment.

During the first three or four days in ordinary cases of this disease, the diet should consist of farinacious articles and milk, being careful not to have the latter given immediately after the

doses of tincture of chloride of iron. Subsequently, especially in the more asthenic cases, wheat-flour and milk porridge, beef-tea, and other animal broths, should be administered in moderate quantities and at short intervals, sufficient to afford a fair degree of support without overloading the stomach. When the treatment of the disease has been such as now recommended from the first two or three days after the commencement of the attack, I have never known a dangerous degree of debility to supervene during any part of its progress.

But in some cases that had been neglected or unnecessarily purged during the first five or six days, at a more advanced period, strongly marked typhus symptoms have supervened, such as muttering delirium; sub-sultus; a quick, soft and weak pulse; and imperfect control over the discharges. At the same time the erysipelatous surface becomes purplish color, with more or less œdematous infiltration into the adjacent tissues.

In the few cases of this character that have come under my observation, I have given either moderate doses of carbonate of ammonia, camphor and quinine; or strychnine and nitric acid, alternately with the doses of tincture of chloride of iron, with decided benefit. Most writers have recommended the use of wine and other alcoholic remedies in the treatment of erysipelas. But regarding these agents as neither tonic nor supporting to the vital processes, I have never used them in this form of disease. That their omission has not been detrimental to my patients, is proved by the fact that during the whole period of my practice, only one patient has died from the disease who came under my care before the end of the first week after the commencement of the attack. That case was an infant only three weeks old. The disease commenced on the nates and spread successively over almost every inch of the cutaneous surface. The stomach was so irritable that very little of either medicine or nourishment was retained, and it died about the end of the first week. It is gratifying to find my position in relation to the use of alcoholic remedies in the treatment of this disease, fully sustained by

the experience of Dr. Hartshorne, as given in his work entitled "Essentials of Practical Medicine." *

In phlegmonous erysipelas, in addition to the internal treatment, free incisions should be made into the swollen tissues, as soon as evidences of suppuration are discernable. I have thus far said nothing in regard to external local applications in the treatment of erysipelatous inflammation. When I entered upon the practice of medicine, much emphasis was placed on the value of such applications. Nitrate of silver, iodine, solutions of sulphate of copper, iron, zinc, and acetate of lead, all had their strenuous advocates. It required but a few years of observation at the bed-side, to satisfy me that no local applications were capable of exerting any controlling influence over the progress of the disease, and in most instances, they only added to the annoyance of the patient. Hence, for the last fifteen years I have used no local applications except in such cases as the patients were anxious to have something that would temporarily lessen the heat and burning of the surface. I have allowed such to keep the surface moistened with a mixture of three parts of glycerine and one of sub-acetas plumbi, which answers the purpose as well as anything that I have been able to devise. It has been claimed that erysipelas is liable to metastasis, that is, suddenly to recede from the surface and attack internal organs, as the brain, lungs, stomach, peritoneum, etc. No such cases have come under my observation. But should such be presented, no better rule can be given for their management, than to treat them on the same principles that you would a similar grade of inflammation in the same organs from any other cause.

BROMIDE POTASSIUM IN URÆMIC CONVULSIONS.

By EDWIN A. CARPENTER, M. D., Baileyville, Ill.

DEAR EXAMINER: I have recently had a case in practice that may interest some of the multitude of your readers, more particularly, perhaps, the junior members thereof. I report it

* See Essentials of Practical Medicine, pp. 321-2.

briefly as possible, and will be as perspicuous as I can in view of its brevity.

Oct. 29th, 1871, I was called at six A. M. to see Warren A —, æt. 17, of bilious temperament, good habits—American. His occupation is that of a farm laborer, but, for a few weeks prior to his seizure he had returned to his parents (who are residents of this village) not feeling, as he alleged, fit for the laborious duties that necessarily devolve upon those who are engaged in agricultural pursuits.

The messenger stated that he was then in a fit, and desired my immediate attendance as they feared dissolution would take place unless promptly relieved. On entering the room of the patient the first glance was to me sufficient almost for a "Diagnosis." The face was as full seemingly as the skin would hold; also, the extremities. The sides were bulged out to their fullest extent, and effusion had taken place to such an extent that it was with some difficulty that the intercostal spaces were found. Respiration was difficult and labored, so much so that the patient was obliged to keep the upright posture. Percussion elicited a dull sound to very near the apex of the lungs. Auscultation revealed heart sounds very feeble but regular, conveying a peculiar fillap, so to speak, to the ear, though by repeated subsequent examinations I am convinced that there is not any organic disease of the heart. The respiratory murmur was lost except near the apex of the lungs, and their mucous rales greeted the ear. The pulse was full but slow; tongue covered with a cream-colored fur. Cephalalgia was wanting, as also lumbar pain. Bowels constipated, and urine diminished in quantity, and had been in that condition for some time.

I diagnosed "Acute Bright's Disease," and immediately gave a powder composed as follows: Elaterium gr. 1-8; podophyllin grs. ii. Also gave a hot air bath but was interrupted by the occurrence of another convulsion, for which I gave chloroform by inhalation, abbreviating the *duration* of the paroxysm, and have faith to believe lessened the tendency to that comatose condition which so frequently occurs in uræmic

poisoning, though two distinct phenomena present themselves in this disease where convulsions take place, viz: consciousness remains if the poison acts upon the spinal cord the convulsions being of an epileptic character, frequently affecting the whole muscular system. In another form stupor supervenes: fixed pupils; stertorous breathing; in fact the symptoms are very like narcotic poisoning. Still another form belongs in this category. Convulsions, epileptic in character with coma.

In this case the patient was unconscious during the paroxysm, but soon regained his mental powers. In the course of half an hour he had another convulsion lasting about ten minutes in spite of a liberal use of the chloroform. I now repeated the administration of the *Elatarium et Podophyllum*, also gave enemas of soap suds, believing that unless an abundant evacuation took place from the bowels soon, the patient must die, as, after repeated attempts the patient could not be made to perspire with the aid of hot air, which I consider the most potent of all cutaneous eliminants.

From the time of my arrival until 11 A. M. he had seven (7) uræmic convulsions, notwithstanding he inhaled eight ounces (fluid) of chloroform. At 10 A. M. I gave $\bar{5}$ i of *magnesia sulphas* dissolved in a glass of water, believing that I had now gone to the limits of *hydragogues*, providing one is to be guided by prudence. At eleven he was seized with another convulsion, after the cessation of which, I gave 40 grains of *Bromide Potassium* dissolved in plain water. Its soothing effects soon manifested itself though it did not cause him to sleep.

At 4 P. M. he voided an immense quantity of urine, smoky in appearance, which, upon testing by heat and nitric acid gave about four-fifths of the quantity in albumen. At 6 P. M. he had a free watery evacuation from the bowels, also passed considerable urine at the same time. At 7 P. M. I gave *Brom., K* $\bar{5}$ ss. dissolved in water, after the administration of which the patient slept propped up by pillows, as it was dangerous to life to seek the recumbent posture, owing to the *hydrothorax* in conjunction with *œdema* of the lungs.

Patient passed the night comfortable comparatively speaking, having three copious evacuations from the bowels, also passed a considerable quantity of urine. On the 30th, 6 A. M., patient expressed himself as feeling first-rate, not suffering pain to the slightest extent. Pres. Iodide Potassium, grs. xv., Bromide Potassium, grs. xv., Powd. Digitalis grs. ii. Mix. To be taken at once as a diuretic and sedative to the circulation as the pulse had become frequent. Gave a hot-air bath which now induced copious perspiration. Also, pres. Magnesia sulphas $\mathfrak{z}$ i., aqua pur. O., Meisce. sig. To be taken at noon. Directed as a diet: sweet skimmed milk, in quantities to suit the patient.

Six P. M. Patient had perspired all day, and to such an extent as to wet the bed to some depth. Bowels had moved several times. Kidneys responding freely. Appetite good. Pulse 76 beats per minute. Tongue not furred so much. Respiration freer. Upper part of thorax resonant on percussion. Slight cough. Again prescribed Iodide and Bromide of Potassium and Digitalis.

It will suffice to say that under eliminative treatment with tonics the patient has so far recovered that in pleasant weather he goes out of doors; his urine still showing a trace of albumen in it.

It is *not* the recovery particularly that I wish to dilate upon, but the cessation of the convulsions *after* the internal administration of the Bromide Potassium. Some may think the chloroform the efficient agent; others that the action of the powerful hydragoge-cathartics causing a transudation of fluid into the intestinal canal, in which was held the poisonous substance (urea) thereby lessening its quantity in the circulating current, was the cause of the toxic phenomena ceasing. My theory is this: It is well known that Bromide of Potassium lessens the amount of blood circulating within the cranium and spinal cord, and, as it requires a *certain amount* of urea, or if you prefer it, Carbonate of Ammonia circulating within the spinal system to produce uræmia, by lessening the amount of blood in the brain and spinal cord, we can hold the con-

vulsions in abeyance, until we eliminate the morbid matter.

Nov. 14th. Patient has just called, stating that he felt perfectly well. Examination of his urine showed it entirely free from albumen.

CUNDURANGO.

By E. ANDREWS, Professor of Surgery in Chicago Medical College.

There seems to be, on the part of some of the profession, a foolish disposition to speak of this article in a spirit of partisan spitefulness, instead of a cool scientific candor. It is to be remembered that in this matter we have nothing to do with the question of whether Dr. Bliss is a rascal or a philosopher. We should only enquire what are the effects of the medicine. It will be acceptable to many, doubtless, to read what is the present state of our information on the subject.

Cundurango is a woody vine growing in the forests of the Andes, in the same region with the cinchona-tree. The singular name is a combination of the native word *cundur*, a condor, and *ango*, a vine, and signifies condor-vine. The botanists call it *Equatoria garciana*, the first word being derived from the name of the country (Ecuador), and the second given in honor of its president, Don Garcia Morena. It is a slender, woody vine, from one to three inches in diameter, winding spirally, like our native bittersweet, and climbing to the tops of the tallest trees. The fresh stems exude a milky juice when broken, the leaves are cordate and about five inches long, the flowers are in clusters like the silk-weed, and the fruit is a large pod. In many respects the vine claims affinity with the genus *Asclepias*. The bark is the portion used for medicine, and the fruit is reputed among the natives to be a poison.

The facts, real or asserted, about its medicinal efficacy, are as follows:

The native tradition: An Indian in Ecuador, afflicted with some cancer or ulcer, was believed by his friends to be

past help. His wife, therefore, determined to shorten his sufferings by poisoning him. Accordingly she prepared a decoction of cundurango and mixed it with his food. As he did not die, she increased the dose, but still he felt no injury; on the contrary, his ulcer, whatever it was, completely healed.

Fifty years later, Dr. Eguiguren, brother to the governor of the province of Loja, determined to test the truth of the tradition, and tried the cundurango with success on several cases of syphilis and cancer. The Doctor about this time went into politics, and paid no more attention to the matter; but his brother, the governor, tried it on a negro servant, who had a bad disease, suspected to be cancer, and cured him. The information was sent to Quito and other places, where Dr. Casares and Dr. Chiribago experimented with it. These four gentlemen report nine cases of cancer cured.

So far the statements are all on one side. On the other hand, the old bishop of that province, who remembered the Indian and his wife very well, asserted that he died very soon after he was reported cured. It is stated also that the same unfortunate result followed in the case of the negro servant of Governor Eguiguren. In short, a traveler now in Ecuador writes that every case of reported cure of cancer, which he has been able to track up, died soon after the cure was effected. It is stated in the newspapers, also, that a Dr. Myers, of San Francisco, Cal., was employed for some time in a hospital in South America where cundurango was tried in about twenty cases, and that it was a total failure in every instance.

Ecuador is too far away to admit of our sifting these contradictory statements at once, so as to evolve the exact truth. I have written to Dr. Eguiguren, Dr. Casares, Dr. Chiribago, and several others, but many weeks will elapse before an answer can be obtained. At present we are obliged to content ourselves with the fact that the remedy has attracted the attention of surgeons there, and that some of them at least report favorably upon it. So much for the South American portion of the investigation.

During the past summer, E. R. Wing, of the U. S. Lega-

tion in Ecuador, sent about fifty pounds of the article to the Department of State at Washington, with a letter on its virtues, which was republished in about every newspaper in the United States. The cundurango sent was all distributed for experiment among Eastern surgeons, so that I was unable to get any for trial here. Of those receiving it, Dr. Bliss, of Washington, reported three cases greatly benefited, one of which is the much quoted instance of Mrs. Matthews, the mother of Vice-President Colfax. At the same time a quantity of cundurango was sent to the British government and distributed to two of the London Hospitals. From one of the institutions there is no response as yet, but the other, the Middlesex Hospital, reports that the article proved inert in their hands.—*British Medical Journal.*

The newspapers all over the United States published Mr. Wing's letter to the State Department, as well as Dr. Bliss's report of his three cases, and Vice-President Colfax's letter, stating the improvement in his mother's condition, so that cundurango got the most tremendous gratuitous advertisement ever heard of in this country.

Dr. Bliss saw that there was a prodigious speculation in store for the lucky man who should first get cundurango for sale. He therefore founded an importing house in New York, and sent his partner, Dr. Keene, at once to Ecuador, to get the first stock.

There is a mystery about the other surgeons to whom specimens were given for trial. I cannot ascertain whether they reported, or what results they observed. The statement is made that their results were unfavorable to the drug, but that some official in Washington, interested in the speculation, suppressed the reports, and, on being applied to, refused to allow them to be copied or printed. I have not been able to ascertain whether this is true or false. The first fifty pounds were thus used up, and we have only one man's report of the result, and he interested heavily in the speculation of importing the article. Still, there is no doubt that Mrs. Matthews made a surprising improvement while taking the medicine.

In August or the early part of September, Dr. Keene returned with a stock of cundurango, and began to sell at \$160 a pound. The price then fell to \$38, which it still holds.

Contradictory accounts come from various quarters as to results. In Chicago, one case was remarkable enough to get attention in the newspapers. This was a lady, of good circumstances and character, who had a large and very soft cancer in the breast. In January, 1870, it was so soft as to give the sense of fluctuation to the finger. In May or June of the same year I introduced an exploring needle in several places, hoping to find an abscess or a cyst, but only obtained a little blood. A severe inflammation followed the punctures, which was subdued by active treatment.

Subsequently the family physician, Dr. Hatch, renewed the exploration with a lancet. As before, there came out nothing but a little blood, but a new and severe inflammation followed, with the remarkable result of a complete sloughing out of the tumor, and an apparent progress towards healing, so that the hopes of the friends were greatly excited. The tumor, however, returned again. In August or September last the patient went to Washington, and began to take cundurango under the care of Dr. Bliss. At this time a new inflammation took place, the tumor bulged out, and on being operated on was found to be again sloughing away. The cavity began to heal, and at present is entirely cicatrized, while the patient though still suffering slight pains, feels greatly relieved, and very hopeful of the future. She thinks her sense of vigor and general health is perceptibly greater than after the first sloughing.

Prof. Byford reports that he has used cundurango in three cases of cancer with no effect whatever, except to disorder the stomach.

I have given it in six cases, but only two of them remained in the city long enough to allow me to watch the effects. One of them had a cancer taken out of the breast, five years ago, by a "plaster" applied by a quack. The tumor returned, as usual in such treatment. On November 13, I placed her upon the use of the new remedy. On the sixth day after, the

lancinating pains began to abate, and she continued to feel better until the sixteenth day from commencing the remedy. She then felt worse for four days. On the twentieth day she began to improve again, and the twenty-ninth day (time of the present writing) she was still better. The scirrhus is not very much changed, but I think the red, knobby prominences are a little paler, and a little flatter. On the whole, she may be said to be somewhat improved.

Another case was one of well marked scirrhus surrounding the rectum. There was a good deal of pain, and an offensive discharge. Ordered to commence the cundurango. The third day the pain greatly abated, the patient reported that the swelling and redness were less, and the discharge diminished and free from odor.

8th day. Still improving.

10th day. Increase of pain and discharge.

12th day. Better again.

21st day. Discharge colorless; pain less; complexion and appetite a little better; flesh and strength not changed.

25th day. Decidedly better in strength, appetite, and freedom from pain. Discharge nearly stopped.

27th day. Continues very well. The finger introduced into the rectum finds it still tender, and I was not sure that there was any change in the tumor perceptible to the touch, in the interior of the rectum, but the parts external to the anus were less swollen and less tender.

29th day. Discharge and pain increased.

34th day. About the same as on the twenty-ninth.

From these various facts it is plain that the question of the value of cundurango in cancer is not yet decided.

Some patients have, during its use, experienced a remarkable improvement, while others have felt no change whatever, moreover there has not been time since its introduction to determine whether any case is finally cured: our only course therefore is to continue our experiments, until it is proved to be either a valuable remedy or else an exploded humbug.

CLINICAL REPORTS.

CLINICAL CASES IN MERCY HOSPITAL—GYNÆ- COLOGICAL WARDS.

Services of PROF. BYFORD,

CASE I. ECZEMA OF THE SCALP.—The affection known as scald head may appear at any time of life, though it is most frequent among children. It is a popular notion that the disease is contagious, and while this is uncertain, its possibility may be guarded against appropriately. In the beginning of this case, small vesicles appeared in different parts of the head, filled with pellucid contents, which soon became yellow and mixed with pus, pustules being formed in two weeks. Few vesicles came together, but they were scattered all over the scalp and, if untreated might spread so as to occupy the entire surface. With the developement of the pustules pus is effused and forms a cake of scab on the head; when this comes off the integument below is bare of hair, the pustules having formed round the roots of the hairs and destroyed the bulbs. Our patient presents small naked patches especially about the occiput; the lymphatic glands of the neck and about the ears are swollen, undoubtedly from the irritation of poison brought from the inflamed parts through the lymphatic vessels.

The treatment must be local, the general health of course being attended to as in other cases. The impression is prevalent among the people that scald head is dependent on an impurity of the blood, and that this condition must be remedied. The only way to cure the affection is to change the condition of the inflamed parts and make the inflammation acute. The hair is to be cut or shaved off, and poultices put on to remove the

scabs; sulphur or tar ointment may sometimes be applied to kill any parasites. Then the scalp should be washed every day with strong soap suds, and once in two days be bathed with strong solution of citric acid.

CASE II. VESICO-VAGINAL FISTULA.—A lady who has been operated on twice before, the last time about two years ago, again presents herself to undergo the operation for vesico-vaginal fistula; the opening has been reduced to a very small one by the previous operations and its complete closure is attempted by the usual procedure. A case operated on two weeks previously is reported a complete success, and the patient is about to go away relieved.

CASE III. CANCRUM ORIS.—This girl, six years old, exhibits a rare and very destructive disease. The child was attacked four weeks ago with chills and high fever; she lives near the stock yards, a vicinity which is exceedingly malarious, and the fever was probably cured by quinine. The mother says their doctor cured the fever in four or five days, and then gave some powders and a bottle of yellow medicine, but the mouth became sore and the substance eaten away around three teeth, which fell out. The doctor discontinued the medicine and recommended a wash of alum water.

A week ago the cheek began to swell, and in four or five days became very tense and prominent. In forty-eight hours a blister appeared on the inside of the cheek, surrounded by a dark spot; it soon sloughed and the ulceration has extended through the cheek and eaten away a large part of the right side of the face. The gangrene is approaching the eye which is inflamed and possibly may ulcerate. The child has just been brought to the Hospital, and probably will soon die, though cures are sometimes made, about one case in twenty surviving.

Cases of cancrum oris are frequently found to have been exposed to malaria, as in the present instance. The diagnosis of the disease is easy. The gums are generally tumefied,

though not for so long a time as in this case; a termination is common in the course of five days. An ash colored blister appears on the inside of the cheek, soon ulcerates through the cheek which then becomes gangrenous.

The treatment is to touch all the advancing ulcer with nitric acid in order to get a new and plastic inflammation. Tonics and nutritious food are to be given in as large quantities as the patient can take. Quinine gr. ij is to be given every four or six hours, and a dressing of carbolic acid and glycerine applied.

CASE IV. ECZEMA DURING TEETHING.—A skin disease frequently affects children during the stage of teething; it generally begins with little blisters on the face which extend up onto the scalp, and there have much the character of eczema. Eruptions commenced on this child nearly a year ago when he was five months old, at the time the first tooth appeared; after the tooth came through he was better; the eyetooth produced especial trouble in the skin, he has had good health otherwise. A pimple first appeared on the top of the scalp, and then others came out all over the head, and a few on the body. The matted scabs which cover the head like a hood are caused by the effusion, and could be taken off by poultices when little pustules would be found on every square quarter of an inch.

In regard to treatment the Professor dreads to see the affection dried up during teething, and thinks this a great injury. He regards the skin disease as a kind of safety valve, and does not remember a cure of it without the child being made sick; while children with sore heads do not have summer complaints. After teething is finished the skin disease generally disappears, or can easily be cured; no scars are produced. The head is to be cleaned and annointed with sweet oil; if the eyes are affected blisters may be applied behind the ears, the only treatment allowable. The Professor would not take the responsibility of curing the skin disease now, before the completion of teething.

MEDICAL WARDS.

Services of PROF. N. S. DAVIS.

CASE I. BRONCHO-PNEUMONIA, WITH TYPHOID SYMPTOMS.

—This patient is in the second week of typhoid fever with a pulmonary complication which makes his condition quite serious. The expectoration has been tinged with blood for two or three days, and there is dullness over a part of one lung with severe bronchial cough. These symptoms led to the conclusion that the inflammatory action, which had existed in the capillary bronchial tubes was extending to some of the lobules of the lungs. The typhoid depression was considerable and the indications were to sustain the circulation and innervation, and to induce freer secretion from the pulmonary mucous membranes, and thus lessen the tumefaction and admit a larger supply of oxygen to the blood. The first indication is well met by the following prescription :

R Ammonia carbonate, gr. jv.
 Quinia sulph, . . gr. ij.
 Camphor gum, . . gr. j.

Take every four hours.

To accomplish the second object the mixture of muriate of ammonia, tartrate of antimony and morphia in syrup of liquorice was given every four hours, alternating with the other medicine. A blister was also applied to the sternum. At present the pulse is fuller and less frequent, the expectoration more abundant, and the whole aspect of the case decidedly better.

NOTE.—At a clinic four days later the attention of the class was again called to this patient ; the pulmonary symptoms had nearly disappeared, and the fever was better. The treatment had not been changed.

CASE II. TYPHOID FEVER WITH CAPILLARY BRONCHITIS.

—This is a case of typhoid fever complicated with capillary bronchitis, which has been on the use of the emulsion of tur-

pentine and laudanum, and the muriate of ammonia mixture. The former medicine has brought the bowels into a satisfactory condition, but the want of innervation has been so great that the patient was in much danger from the depression of the nerve centers. To remedy this he was given the following prescription :

R	Strychnia, .	gr. j.
	Acid, nitric, .	ʒj.
	Tinct. opii, .	ʒiij.
M	Aquæ, . .	ʒjv.

DOSE—One tea-spoonful in sweetened water every four hours.

Now, after two days, the patient is improved, the countenance looking better and the mind clearer; but the typhoid depression is still considerable, and it is best that the tonic be continued. The muriate of ammonia mixture is also to be continued on account of the bronchitis. On examining the chest the spaces above the clavicles and between the ribs are seen to sink at the beginning of each inspiratory act and to bulge during expiration. This is evidently due to the difficulty in getting air into the air cells on account of the obstruction of the capillary tubes; on the expansion of the chest the air cannot enter fast enough to fill the cells and a partial vacuum is produced; atmospheric pressure from without then presses in the soft tissues at the intercostal spaces; while in expiration the air is with equal difficulty passed out of the cells through the obstructed tubes. Thus forcible inspiration and slow expiration is the characteristic respiration where the air cells are themselves permeable but the capillary tubes partially closed. But when the air cells are infiltrated the respiratory acts are short.

Sometimes when there is typhoid depression, wandering of the mind and bronchial tightness, chloroform is useful, and in this case may be given with propriety according to the following formula.

R	Chloroform, .	ʒiij.
	Accaciæ, .	ʒvj.
	Sacchari, .	ʒvj.
M	Aquæ, . .	ʒvj.

DOSE—A table-spoonful ever four hours, alternately with the other medicine.

SURGICAL WARDS.

Service of PROF. ANDREWS.

CASE I. OPERATION TO REMEDY HAIR-LIP.—The patient, a little girl about two years old, is put under the influence ether, and a projecting tooth which is in the way is removed. The edges of the fissure having been pared are brought together by interrupted sutures; there is generally little difference in the result whether the interrupted sutures or the hair-lip pins be used, but when the front of the jaw is level the pins are rather better, and when there is a projection as in this case the interrupted sutures are preferable. There is always contraction of the cicatrix, and in order to avoid a notch being left at the lower end of the fissure after it is healed, the edges are cut a little concave so that the prolabium is projecting at present, and a suture is introduced through the prolabium also to prevent the production of the notch. The cut vessels are closed by torsion with unusual care because the child is to leave the city immediately after the operation, and therefore cannot be under observation. Finally a strip of adhesive plaster in the shape of an hour-glass is applied accross the lip and extending out on the cheeks, the parts having been previously drawn together; this prevents traction on the line of incision and the stretching apart of the healing edges.

CASE II. REMOVAL OF ENCYSTED TUMOR.—A little tumor apparently encysted, is seen on this patient's back over the ridge of the acromion; it is not very important but the patient is to be relieved of it. On cutting into it the white and nearly solid sebaceous contents are removed and the sac is cut out with the scissors, since it does not roll out easily as they usually do. Adhesive plaster $1\frac{1}{2} \times 6$ inches is then put over the incision in lieu of stitches.

CASE III. ABSCESS IN THE RECTUM.—This man had an abscess at the side of the rectum, which was opened and the pus evacuated; but instead of healing in the ordinary way it became unhealthy, probably phagedenic. Now there is another fluctuating abscess on the other side of the rectum. It is difficult to see how there can be any syphilitic cause as the action is under the integument, but the unhealthy character of the abscesses gives the impression that some poison is there; accordingly after lancing the second fluctuating abscess they are both cauterized with nitric acid. Tincture of iron is prescribed, together with pure air and similar means of inducing plasticity.

CASE IV. URETHRAL STRICTURE.—After stricture of the urethra has been removed the canal frequently will tighten up again. The urethra under present examination was operated on some time ago in an eastern city and is now extraordinarily constricted. Yesterday a very small bougie was introduced and if this can be done again the man can be at once relieved; otherwise it is to be tried another day when there may be less resistance; there is also a false passage which acts as a pocket, and the instrument can be got past this only part of the time.

The surgeon succeeds in introducing a small filliform bougie which on account of its flexibility will follow the crooks and go where no metallic instrument can—on the end of this is a screw to connect with a ground steel staff, which is introduced with the bougie for a guide. A triangular blade, blunt in front, is then pushed down the groove of the staff and then withdrawn, the cutting edge dividing the stricture as the blade comes out. A catheter No. 10 afterwards goes into the bladder easily; it is to be passed daily, and, on leaving the Hospital, the patient must introduce it himself occasionally for some time.

CASE V. Since the destruction of the Marine Hospital in the fire, the marines have been removed to Mercy Hospital.

This patient hurt his index finger while on board his vessel, and the articular ends of the phalanges are necrosed. Anti-septic dressings have been used, and the finger probably can be saved. The sailor prefers to have the finger, though a stiff one, rather than lose it. Thinking to save the finger by taking out the diseased bone, as in a larger limb, the necrosed bone is removed by the gouge and gouge-forceps. The wound is then dressed with carbolated cerate.

Service of PROF. SHERMAN.

CASE I. Whenever a person is bit by a dog it is always understood that the dog was mad and the patient liable to have hydrophobia.

Susceptibility of the human system to hydrophobia, however, is now much doubted, the same termination occurring without any bite. The lecturer stated that he would not, himself, be so much troubled by a bite as by the cut of an old saw. But in the present condition of public opinion, immediate treatment is necessary. The wound is slight, but of course that is of little consequence if it has been inoculated.

There is a current notion among the people that to kill the dog cures the bite; the affair being much like the events in the story of "The House that Jack Built." But *unfortunately* the dog has escaped and therefore some *other* remedy must be resorted to.

The wound will be strongly cauterized with nitric acid.

CASE II. FELON.—This patient has one of those deep inflammations under the fascia and tendons which are called felons, and are troublesome only from their locality. They may come in any portion of the body which is bound down tightly by fascia, and the pus which forms may dissect and burrow extensively. It is frequently thought best to delay opening a felon till it comes to a head fully; but they should be opened early,

especially if under the periosteum. A premature opening of the abscess has no bad results while delay may produce somewhat serious consequences.

CASE III. This man's thumb has been jammed and the first joint broken into. Such an injury on a larger limb would require amputation, but the fingers seem to have greater conservative power than any other members. In a case which occurred lately a joint of the thumb was blown entirely off by a pistol ball, and to please the parents the bones were put in position and properly bandaged; no pus formed, and now the boy has a good thumb. The same experiment will be tried in the present instance. Of course amputation would give the speediest result, but the patient can wait, and if gangrene should ensue here, there would be no danger to the system. Many such cases are curable, which before the introduction of carbolic acid inevitably suppurated and were lost.

OPHTHALMOLOGICAL WARDS.

Service of PROF. JONES.

CASE I. SYPHILITIC IRITIS.—This is a case of unusually severe syphilitic iritis; the eye bulges forward considerably and the chances are that the iris will be found attached to the lens, in which case an operation must be performed upon the iris. The conjunctiva and sclerotica are very red, but the front of the ball is of a whitish yellow color from the presence of pus in the anterior chamber; the aqueous humor has become purulent.

At this point the patient, while being put under the influence of ether, exhibited a difficulty in breathing, and the lecturer directed the tongue to be pulled forward; this manœuvre gives immediate relief from the slight obstruction to respiration and is more convenient than turning the patient upon his side.

The evacuation of the pus often gives great relief to the eye; as the aqueous humor is secreted rapidly and refills the chamber a couple of hours after its evacuation, the chamber may be tapped every day if necessary. A speculum is introduced to keep the lids apart, and an incision is made into the cornea, through which the purulent fluid is emptied. The iris proves not to be attached to the lens and is not interfered with; the operation is confined to the simple tapping of the anterior chamber. A dry compress is then put upon the eye, and in 36 hours union will be completed without any danger.

CASE II. In a second case of iritis which is exhibited, the cornea is comparatively clear; there is no muco-purulent discharge and less lachrymal discharge than usual in this affection there is a slight exudation on the iris, making it brownish while the other iris is blue. In the treatment, the pupil will be dilated at once with atropia in order to remove the iris from proximity to the lens and possible attachment; Dover's powder gr. V will be given and a mustard foot bath used at night.

CASE III. CONJUNCTIVITIS.—A patient who was examined by the class about a month ago is again exhibited in order to show the effects of the treatment used upon him for conjunctivitis. The membrane is much less inflamed, still red but not rough, and the ulceration which had existed is gone. Besides the local application of sulphate of copper and zinc, the syrup of iodide of iron was administered.

Another patient with conjunctivitis is a child a year and a half old, who was found in the streets after the great fire and was brought to the Hospital, where he will probably be adopted by one of the Sisters of Mercy. When first seen he could scarcely open the left eye and some of the lashes were misdirected. The offending hairs were removed and citrine ointment 1 part to cream 8 parts, with some astringent, was applied, and gave relief to the inflammation.

SELECTIONS.

REPORT OF THE COMMITTEE

Appointed at the Annual Meeting of the American Medical Association, in New Orleans, in May, 1869, to Present Certain Resolutions, Adopted by the Association, to the Several State Medical Societies, and Ask Their Sanction of the Same. Read May 2, 1871.

[From Transactions Amer. Med. Association, 1871.]

YOUR Committee ask leave respectfully to report as follows :—

Soon after the adjournment of the annual meeting of this Association, held in New Orleans, May, 1869, the Chairman of your Committee caused the preamble and resolutions referred to the several State Medical Societies to be printed in the form of a circular letter ; and a copy of the same was sent to the proper officers of every State Medical Society, the existence of which, and the address of whose officers, could be ascertained. The resolutions and accompanying letter are as follows :

Preamble and Resolutions adopted by the American Medical Association, in May, 1869.

WHEREAS, The history of medical legislation in the various States of the Union clearly shows that no reliance can be placed on either the uniformity or the permanency of any laws relating to the practice of medicine ; and

WHEREAS, The results of all the efforts made during the last twenty-five years, to elevate the standard of medical education, through concert of action among the numerous medical colleges of this country, have proved with equal clearness that such concert of action, in an efficient manner, is unattainable : therefore, be it

Resolved, That whatever is done to establish and maintain a just and fair standard of medical education throughout our whole country must be done by the profession itself, through its own voluntary organizations, in the same manner that it now establishes and enforces its code of ethics. The profession

is as competent to declare, through its representatives in the National, State, and Local societies, what shall be the standard of attainments for those to be recognized and admitted into its ranks, and to establish the boards or agencies by which compliance with such standard shall be ascertained, as it is to declare what shall be the ethical rules governing the conduct of those already admitted.

Resolved, That this Association earnestly requests each State Medical Society to appoint annually one or more Boards of Examiners, composed of five thoroughly competent members, whose duty it shall be to meet, at suitable times and places, for the examination of all persons, whether graduates of colleges or not, who propose to enter upon the practice of medicine in their respective States, except such as have been previously examined and licensed by a similar Board, in some other State.

Resolved, That each State Medical Society be requested to make such regulations concerning the pay of the Board of Examiners, and the fee to be charged for a license to practise, that the former shall in no case depend on the amount received from the latter.

Resolved, That each State Medical Society be requested to require its Examining Board or Boards to exact of every applicant for examination adequate proof that he has a proper general education, is twenty-one years of age, and has pursued the study of medicine three full years, one-half of which time shall have been in some regularly organized medical college, whose curriculum embraces adequate facilities for didactic, demonstrative, and hospital clinical instruction.

Resolved, That each State Medical Society be requested to act on the foregoing propositions at the next regular annual meeting after the reception of copies of the same, and if approved and adopted by the State Medical Societies of two-thirds of the States, this Association shall deny representatives from all organizations who longer refuse to comply with the same, and shall recommend the State Societies to do the same: and all persons who after that date seek to enter upon the practice of medicine without first receiving a licence from the State Board of Examiners, shall be treated ethically as irregular practitioners.

Resolved, That in adopting the foregoing resolutions, by which it is proposed to treat the medical college diploma the same as the diploma of any literary college, this Association is actuated by no desire to injure the medical schools of our country. On the contrary, by the adoption of the fourth resolution, at the same time that the value of the mere college diploma is practically nullified, it is the desire, and confident expectation, that those institutions will be greatly benefited; because they will be forced to rival each other in the extent and efficiency of their courses of instruction, instead of the number of diplomas which they can annually distribute.

CHICAGO, July 1, 1869.

A. B. Secretary of —.

DEAR SIR: Be pleased to present the accompanying preamble and resolutions to the first regular meeting of the ———, and ask for them a careful consideration. They were adopted with much unanimity by the American Medical Association, at its meeting in New Orleans in May last. The undersigned were appointed a committee with instructions to have them presented to all the State Medical Societies in our country. Please inform the Chairman of the Committee as early as possible, what action your society takes concerning them, and much oblige yours truly,

N. S. DAVIS, of Chicago, Ill.

J. M. TONER, of Washington, D. C.

J. S. WEATHERLY, of Montgomery, Ala.

A copy of the preamble and resolutions was also furnished to all the medical periodicals of our country.

The anniversary meetings of many of the State Medical Societies for 1869 had been held before the meeting of this Association in that year, consequently there occurred no opportunity to procure the action of such societies until 1870. In all of them, at least so far as ascertained by your Committee, the communication was respectfully received.

In a large majority of them it was referred to a special committee, with instruction to report at the next annual meeting. In the Medical Society of the State of New York, the communication was recieved, discussed, and laid on the table, without indicating any disposition to take further action concerning it.

In the Medical Society of the State of New Hampshire, the communication was laid on the table, and ordered printed. In the State Societies of Pennsylvania, Ohio, Indiana, Illinois, Michigan, Iowa, Missouri, Kentucky and Alabama, it was received and referred to special committees, whose reports have either not been made, or if made, have not been definitely acted upon by their respective societies. In the societies of Maryland, New Jersey, Wisconsin, and Kansas, the communication was received, discussed, and the several propositions fully approved. From the societies of the remaining States no answer to the communication has yet been received, by your Committee. It will be seen by the foregoing recital of facts, that the whole subject is still under consideration in the State Societies of a large majority of the States. And here it might be thought best to leave it, until a more complete expression had been received, were it not for the fact that, since the action of this Association, submitting the subject to the State Medical Societies, additional circumstances have been developed, having an important bearing in favor of some action by such societies. Although the second part of the preamble accompanying the resolutions, referred to the State Societies, assumed that efficient concert of action by the medical colleges of this country, was unattainable yet there was pending an unfinished movement, having for its sole object the procurement of such concert through the agency of a convention of delegates from the schools alone. One meeting had been held in Cincinnati, in May, 1867, which resulted in the harmonious adoption of a very desirable revision of the whole system of medical college instruction in our country. But so large a number of colleges were not represented that its action was made simply recommendatory, and a committee appointed to present the plan adopted to all the medical college faculties, and, if necessary, to call another convention. After the whole subject had been before the colleges for two years, the committee deemed it advisable to call a second convention, which was held in the city of Washington, in May, 1870. The representation present, however, was no more complete than in the first convention, and several of those who were present, representing some of the oldest and most influential colleges in the country, disclaimed having any authority to take such action

as would be binding upon the institutions they represented, and hence the second convention ended in simply reaffirming the recommendations of the first; but without the least provision for carrying them into practical operation.

This not only confirmed the truth of the preamble referred to, but it was the completion of an unsuccessful series of efforts on the part of the Association to accomplish the great leading object of the organization, namely, the elevation of the standard of education in our profession. The Association has now a historical record of twenty-five years. A few of its founders saw clearly from the beginning that the great barrier in the way of substantial progress was the union of the teaching and licensing exclusively in the hand of an ever-varying number of colleges, necessarily engaged in active rivalry or competition with each other as to the number of students they should teach and license or graduate. But their views were regarded as too radical, and the association busied itself during the first twenty years (so far as this subject is concerned) in annually listening to reports from standing committees on medical education, and in passing resolutions and recommendations for medical colleges to execute.

Many of the reports contained criticisms upon the schools unnecessarily severe, and many of the recommendations related to details of college organizations, concerning the propriety of which each college is its own best judge. But both alike were practically unheeded by the schools. At the meeting of the Association in 1866, apparently wearied with the monotony of its own action through the twenty previous years, it dropped all further attempts to dictate to the colleges on this subject, and sent out an urgent request that those institutions would send delegates to a convention of their own, and make such revision of the system of medical education as they might deem best. It was in response to this invitation that the Medical College Convention of 1867 was held in Cincinnati, and, as a sequel, the second convention in Washington in 1870. As is well known, both were failures, so far as direct practical results from concert of action are concerned; but, nevertheless, both were of great value indirectly—first, by the full confession contained in their proceedings that the present system of medical college organization and instruction is extremely defective, and the promulgation of some very

valuable suggestions for its improvement ; and, second, by the complete demonstration of the fact that the profession had no longer anything to hope from further efforts to procure practical concert of action on the part of the colleges.

It might be thought paradoxical that we claim this latter result as one of value ; but it must be acknowledged that when the minds of a large body of men, like the members of the medical profession of America, are to be directed toward the accomplishment of some object of primary importance, the more clearly the impracticable methods of reaching that object are ascertained, the more speedily will they be concentrated on the method that is practicable. Viewing the past history of the Association in this aspect, we cannot agree with those who regard its efforts to advance the cause of medical education as useless. On the contrary, it has shown by abundant trial that neither reports, however ably written, nor resolves often repeated, will accomplish the desired end.

It has shown with equal force that practical concert of action among thirty or forty medical colleges, dispersed over two-thirds of a continent, and liable at all times to have their number increased by any half dozen members of the profession who should choose to organize themselves into a medical college faculty, is impossible. These results have greatly narrowed the field of future operations, and have prepared the way for concentrating the minds of the whole profession on the only feasible route to the *goal* at which they aim. That *goal* is, a higher standard of education, and greater usefulness of the profession ; and the route leading to it is indicated by the first, second, and fourth resolutions adopted in 1869.

The first announces the great fundamental truth, "that whatever is done to establish and maintain a just and fair standard of medical education, must be done by the profession itself, through its own voluntary organizations. It must cease calling on *Hercules*, and put its own shoulder to the wheel, if it would see the car of progress move onward and upward in its proper course.

To invite the interference of legislative bodies, either State or National, is to place our interests in the hands of a power wholly incompetent to comprehend either our wants or the wants of the community at large—a power which, in medical matters,

has thus far proved as unstable as the sands on the beach, being swayed by every popular breeze of quackery, and touching our interests only to embarrass them. Neither of the other learned professions ask for the interposition of legislation. The one regulates the qualifications and conduct of its members through its organized dioceses, synods, conferences, etc. ; and the other through the examinations of the judges of the various courts. And it only needs a more perfect organization to enable our profession to exercise an efficient control over everything pertaining to its honor and usefulness.

To appeal to the medical colleges further, after the experience of the last twenty years, would be folly. An ever-varying number of institutions, each invested with certain chartered rights, subject to constant changes and necessary rivalries, cannot, in the nature of things, establish and maintain the concert of action which is necessary to accomplish the objects so much needed by our profession. The fact that a large proportion of medical students do not enter a medical college until they have passed one-third or one-half of their period of study, and then often change from one college to another in their progress, renders it impracticable for such institutions either to regulate the preliminary education of students, or to preserve any uniform standard of medical acquirements.

Medical colleges should be regarded simply as institutions for imparting instruction in all the departments of medical science and art. Restrict them to this one grand object, and all their rivalries would tend directly to elevate their character and enlarge the sphere of their usefulness. It is only when they go beyond this one noble purpose, and grant degrees that are regarded as a license to practice medicine and surgery, that they admit an element into their rivalry that necessarily tends downwards. Place the colleges in a position where the student, in choosing which he shall attend, has the sole question before him, *where can I gain the greatest amount of medical knowledge for a given sacrifice of time and money?* and every impulse of his nature impels him towards the school whose curriculum is most complete, whose facilities for demonstration and clinical instruction are the most ample, and the members of whose faculty have attained the highest reputation. And this would necessarily compel the schools to make their rivalry or competition in the same

direction. But leave the colleges in a position where the main question in the mind of the student, when choosing which he will attend, is, where can I gain the diploma which will admit me into the ranks of the profession *in the shortest time, and with the least expenditure of money?* and you just as certainly retain in them an element that strongly tends to keep the college curriculum, the term of lectures, and the standard of acquirements, as low as is possible without losing even the semblance of respectability.

These positions are founded on laws of social science and mental philosophy, as fixed in their operation as the laws that govern the physical world. And they are abundantly confirmed by the history of the profession, both in Europe and America.

They point with the clearness of mathematical demonstration to the truth already announced, that the profession itself, in its associated capacity, alone possesses the power and sustains the responsibility of regulating and enforcing the general standard of education for all of its members.

And the sooner this Association, as the representative of the whole profession, clearly recognizes its own responsibility, and, instead of continuing vain attempts to shift that responsibility upon medical colleges by reiterating resolutions about the length of lecture terms, college fees, etc., brings the combined influence of its wisdom and power to bear upon the State and Local societies for the accomplishment of the three following objects, the sooner will it accomplish the great leading object of its own organization. These objects are: First, to agree upon a fair, reasonable standard of education to be exacted of the student before he is permitted to commence his medical studies. Second, to define what shall constitute a fair standard of medical education to be required as a condition of admission into the ranks of the profession. Third, to procure the establishment of suitable Tribunals or Boards of Examiners in each State, for practically enforcing both the standard of preliminary and of medical education. In the prosecution of this work, by which the medical colleges would become restricted to their legitimate sphere of teaching, great care should be taken to have the regulations of the Examining boards such, that each medical student would find it necessary to spend a fair share of his period of study in such schools as possessed all the advantages necessary for imparting adequate instruction in every department of medical knowledge.

By doing this, we should indirectly do more to elevate the character of our medical colleges, than all the direct attempts to interfere with them have accomplished during the last twenty years. A careful examination of the resolutions adopted in 1869, and read in the beginning of this report, will show that they provide for all the objects here set forth, except that relating to preliminary education. And yet, this is, perhaps, of more practical importance than any other. It has long been the somewhat sarcastic reply of those connected with the medical colleges, when accused of graduating incompetent students, that the schools do the best they can with the *material* sent to them from the offices of private preceptors. And from many years of observation, both as practitioners and teachers, we are fully satisfied that if some method could be devised by which every young man entering upon the study of medicine should be required to have a respectable general education, it would speedily result in a marked elevation of the educational character and usefulness of the whole profession. Deeply impressed with the importance of the views expressed in this report, your Committee recommend the adoption of the following resolutions in addition to those adopted in 1869 :

Resolved, That each State and Local Medical Society be requested to provide, as a permanent part of its organization, a Board of Censors for determining the educational qualifications of such young men as propose to commence the study of medicine, and that no member of such societies be permitted to receive a student into his office until such student presents a certificate of proper preliminary education from the Censors appointed for that purpose or a degree from some literary college of known good standing.

Resolved, That a more complete organization of the profession in each State is greatly needed for the purpose of affording a more efficient basis both for educational and scientific progress.

Resolved, That a committee of three be appointed for the purpose of continuing the correspondence with the State Medical Societies, and of asking their earnest attention to the foregoing resolutions in addition to those submitted for their action in 1869.

All of which is respectfully submitted.

N. S. DAVIS,
J. M. TONER,
J. S. WEATHERLY.

REPORT ON OTOTOLOGY.

By SAMUEL J. JONES, A. M., M. D.,

Professor of Ophthalmology and Otology, Chicago Medical College.

[From Transactions Illinois State Medical Society.]

Your Committee having, in the last annual report, given a general view of Otology, confine the present one chiefly to matters of material interest pertaining to the progress made, more especially during the last year, regarding diagnosis and the treatment of some of the more frequent diseases of the ear.

One of the most evident assurances of advancement, in diagnosis, is the gradual diminution in the number of cases formerly classified as nervous deafness. The cases in which we must regard the primary lesion as of nervous origin are but few.

The usefulness of the ordinary tuning-fork of musicians is becoming more extended as an aid in diagnosis. Next to inflating the Eustachian tubes, it is, perhaps, the most convenient mode of determining whether or not the Eustachian tubes be closed. If such closure exists, pressing the tragus back, so as to close the meatus, will render the sound produced by placing a vibrating tuning-fork on the patient's forehead less distinct, whilst, if the tube be open, such pressure on the tragus will increase considerably the sound heard. If, by inflating the tube, air enters freely, and yet pressure as described (on the tragus) does not make the sound louder, the prognosis is less favorable than where it increases it.

In the last report, special consideration was given to "chronic catarrh of the middle ear," in the belief that its frequency in this region of country entitled it to such prominence. Another year's experience in the treatment of that class of cases, seems to add confirmation to the view then expressed, and in the treatment of them progress is still being made. For much of this we are indebted to Hinton, of London, who, with a view to rid the middle ear of altered secretions there accumulated, incises the membrana tympani and washes that cavity through the external meatus, passing a stream down through the Eustachian tube and out through the nares, by inclining the head of the patient for-

ward, and having him keep his mouth open (as in using the nasal douche) when the soft palate is closed up against the pharynx.

The method of ridding the middle ear of its accumulation, by incising the membrana tympani, and thus syringing it, was practiced several years ago, but the stream was allowed to pass into the throat, making the process so disagreeable to the patient as to have aided in bringing the operation into disuse. Hinton seems to have succeeded, in a very simple way, in removing one of its most disagreeable features. His process is the reverse of that of Gruber, of Vienna, who passes the stream in through the nostril and out through the external meatus. Marked improvement follows the operation in many of these cases.

The apparatuses designed for making applications of fluids or medicated air to the affected surface of the middle ear, have been considerably simplified, and the means of ascertaining definitely of their passing into that cavity better established.

The importance of having the Eustachian tube in such condition that air can enter it with each respiratory movement, is impressing itself more fully, and renders advisable the frequent using of the Valsalvian method of inflating in all cases of thickening of the mucous membrane of the tube.

Tröltzsch dwells with considerable emphasis on a class of cases which he calls, "Purulent Aural Catarrh in Children," and which seems to have escaped general attention. Most that is known regarding them has been obtained by *post mortem* examination by Tröltzsch, Wreden, and a few others. The large proportion of cases in which pus has been found in the cavity of the tympanum, and in the mastoid cells, when not suspected during life, seems to merit more consideration of them than has heretofore been given them, and may explain many of those head symptoms children are so frequently affected with, and which are often attributed to vague supposable causes. As kindred to these Tröltzsch speaks of another class, which he designates "Infantile Otitis," but which, in many respects, especially in its earlier stages, is identical with the aural catarrh before referred to, and only when the inflammation has become more diffuse deserves a different designation.

These cases naturally lead us to consideration of the conclusions he has drawn, that, in many instances, those mysterious cases which happen to all physicians who treat diseases of children

and in which a satisfactory diagnosis is not arrived at before death, but where the convenient cause of "teething" is made to account for a train of symptoms that precede death, are ascribable to disease originating in the ear and secondarily affecting the brain. In determining this point exclusion serves us well. Evidence of great pain is manifested in the continuous crying of the child, who often is unable to speak, and can give no idea of its location. That it is not located in the alimentary canal, is determined by the absence of the physical signs of inflammation there; that it is not yet seated in the brain, may be likewise determined, and thus, when once attention is drawn to the probable locality of the lesion, and it is remembered how large a proportion of children evince this condition after death, careful examination will render diagnosis of such cases easier.

In the treatment of discharge of pus from the ear, whether from the external meatus or from the middle ear through a perforated membrana tympani, syringing the ear thoroughly with a solution of sulphate of zinc, with the addition of some carbolic acid, gives, perhaps, more satisfactory results than any other remedial measure. Especially is the carbolic acid serviceable in cases where the parasite *asperquillus glaucus* is present. Regarding this, Schwartze says, "it appears probable that this vegetable parasite is more frequently a cause of the obstinate, frequently relapsing, and chronic inflammation of the external auditory canal than is generally supposed." Investigation of this subject, by Green, of Boston, and others, has led to similar conclusions.

The use of electricity in the treatment of aural disease, is both commended and condemned by aural surgeons. The truth in this case, as in many others, probably lies in a mean between either extreme view. The chief objection to its use lying in the fact that we have not yet learned to discriminate sufficiently accurately as to the conditions of its applicability, and, instead of condemning it, further investigation as to the laws of its action on the human system is desirable. Some curious phenomena evinced themselves in experimenting upon the effects of electricity upon the auditory apparatus and have led to the inquiry whether or not there exists "accommodation" in the ear, as we have it in the eye, whether some muscular action in the ear is not exerted in a similar manner yet to be investigated.

Reasoning from the effects of strychnia upon the nervous

system generally, it naturally would be suspected that it might be employed with advantage in those cases where the function of the auditory nerve is believed to be impaired, but experience seems to show that the ordinary effects of this drug are not exerted on nerves of special sensation. Hence the disappointment that has resulted in the cases where employed to restore the action of the auditory nerve, as well as in impairment of the function of the optic nerve.

The introduction of chloracetic acid as a caustic, has given us another convenient means of removing aural polypi; being readily soluble in water, it may, after having remained sufficiently long in contact with the polypus, be readily washed out of the meatus by syringing, without serious effect on the surrounding tissue.

Your Committee would gladly dwell more at length on diseases of the ear did the time of the Society admit. Their great frequency and importance merit such consideration.

When such authority as Tröltzsch is led, by his experience, to the belief that there are more ear cases than eye cases, and to assert, as his conviction, that not more than one in every three persons, between the ages of twenty and forty years, possesses strictly normal hearing in both ears, we must feel convinced, that if the number be but one-half as great as represented by him, their frequency entitles them to more study than is accorded them by the general profession. As to their importance, we readily recognize the great disadvantage that persons labor under whose faculty of hearing has become greatly impaired, and to what extent they are disqualified for many of the vocations of life. The earnestness with which these sufferers plead for relief shows how deeply they feel their loss.

It may not be amiss to conclude this report with some general suggestions as to the proper mode of conducting examinations of the ear.

Of first importance, is careful inspection of the membrana tympani. The simple means of illumination now at our command gives us all needed facility for that purpose. We must familiarize ourselves with the normal appearance of the membrane, during life, by frequent inspection of it in health, that we may detect variations from that standard in disease; then, having recognized these changes, we must learn to interpret their

meaning. As well might an effort be made to study the appearance of a healthy cornea on the dead subject, as to try to get a correct idea of the appearance of the healthy membrane of the drum by inspecting it after the changes in it which occur after death. We must regard the membrane of the drum as giving us the key to diagnosis of disease of the ear, and further investigation as but supplementing such inspection of it. An elastic tube placed with one end in the ear of the surgeon, the other being in the ear of the patient, will act as the stethoscope does in examination of the chest, and convey to the ear of the surgeon the sound produced by air passing through the Eustachian tube into the middle ear, that sound being influenced by the condition of the parts through which the air passes, and a practiced ear of the surgeon will enable him to interpret the characteristic of the sound, as readily as may be done in auscultation of the chest.

RECENT FOREIGN PAPERS.—Professor Stricker's "New Year-Book of Medicine," of which two parts have been published, contains a series of valuable papers on microscopy. Among them may be mentioned the following:—There is one by Dr. Hausen on the results of inflammation in the corneal tissue; another by Dr. Güterbock on the effects of inflammation of tendons; by Dr. Yeo on the pathology of inflamed lymphatic glands; by Stricker himself on the nature of the poison of pus, and another paper in conjunction with Dr. Albert—an account of traumatic fever; Dr. Lang gives the pathology of inflammation of the bones, and Dr. Kimdrat a paper on the inflammatory changes in the endothelia of serous membranes.

RESEARCHES ON INFLAMMATION AND SUPPURATION.—At a meeting of the Royal Irish Academy, held on May 8th, Dr. J. M. Purser read the second part of his report on the above subject. It is reported by the *British Medical Journal*, which gives a very full account of the paper. Herr Cohnheim believes that the two following propositions are established as the result of his investigations: 1. In an inflamed part, the white corpuscles of the blood pass through the walls of the vessels in great numbers, and, having become free in the tissue, constitute the cells of pus. 2. The cells of the inflamed part itself have no share in the formation of pus; they persist for a time unchanged

among the emigrated blood-corpuscles, and, if the inflammation last long enough, or attain a great intensity, they undergo a series of changes of a purely regressive or degenerative nature, ending in their death or destruction. Dr. Purser, in the first part of his report, read twelve months since, stated that his own observations fully bore out Professor Cohnheim's views as enunciated in the first of the above quoted propositions. So far back as the year 1846, Dr. Augustus Waller had described the passage of the leucocytes of the blood through the walls of the vessels. With regard to the second proposition of the German physiologist, however, Dr. Purser found that the experiments conducted by himself gave negative results, and in them he was borne out by the opinions of Virchow and of Goodsir. Having described Professor Cohnheim's mode of procedure in experimenting on the corneæ of frogs, Dr. Purser proceeded to give in detail the results which he had himself obtained. His observations were also made on the corneæ and tongues of frogs. Inflammation was excited either by cauterization with nitrate of silver, or by the insertion of a seton. In some instances, the occurrence of a spontaneous ulcerative keratitis obviated the necessity of causing irritation. Phenomena, essentially the same in kind, but varying much in degree and as to the time of their development, showed themselves in every case. On no occasion did the connective-tissue cells remain unaltered among the pus-corpuscles. The first well-marked change observed in the former consisted in a tendency to become elongated, and, in doing so, to lose their equally stellate shape. Their nuclei underwent a similar modification of form, and the protoplasm assumed a more decidedly granular appearance than in health. In the next stage of the inflammatory process, the cells have completely lost their primitive form, and have become perfect spindle-shaped bodies, while the number of nuclei increased, and amounted sometimes to four or more in a single cell. The third change consisted in the division of the spindle-shaped corpuscles. These first assumed an hour-glass appearance, and finally divided across in one or more than one place. Sometimes the spindles did not divide, but formed movable, multi-nucleated masses, like those described by Stricker. Dr. Purser believed, too, that the researches of this physiologist on inflammation confirm his own observations.—*London Microscopical Journal*.

PASSAGE OF CORPUSCLES THROUGH THE BLOOD-VESSELS.—A long and important paper on this subject has been lately read before the Royal Society, by Dr. R. Norris, Professor of Physiology in Queen's College, Birmingham. He says that on a careful consideration of the hypotheses which have been propounded by Waller, Cohnheim, Stricker, Bastian, and Caton, to account for the curious phenomena in question, it will be found that all these hypotheses fall short in one important particular, inasmuch as they afford no explanation whatever of by far the most singular part of the process, viz., the fact that the apertures through which the corpuscles pass again close up and become invisible. The question, indeed, is not so much how the corpuscles get out, as how they get out without leaving any permanent trace of the apertures through which they have so recently passed, and which were so palpable during the period of transit. Before proceeding to elaborate his own views, he restates succinctly the various points upon which observers are agreed. 1st. Both white and red corpuscles pass out of the vessels through apertures which can neither be seen before their ingress into or egress from the vessel wall, but only during the period of transit. 2nd. An essential and primary step in the process is, that the corpuscles shall adhere or, more properly, cohere to the wall of the vessel. 3rd. These cohering corpuscles shall subsequently be subjected to pressure from within.

From this he proceeds to consider the various physical conditions involved in the question, and eventually he states that all that is essential for a rigid or plastic body to pass through a colloid film is: 1st, an intimate power of cohesion, either mediately or immediately, between the film and the body; 2nd, a certain amount of pressure from within; 3rd, power in the substance of the film to cohere to the surface of the body (or to some intermediate matter which already coheres to the surface) during its passage; 4th, cohesive plasticity of the particles of the material of which the film itself is composed, so that the breach in it may again become reunited as it decends upon the opposite surface of the body which is being extruded. These conditions he thinks are prevalent in the case of the minute blood-vessel and the corpuscle; since he considers that the passage of the corpuscle through the vessel is precisely analogous to the passage of a body through a soap bubble. Unfortunately in parts the author's

language is not sufficiently clear to enable one to find his exact meaning, but we believe that we have found it correctly as above.
—*London Microscopical Journal.*

ALBUMINURIA IN VARIOLA.—In the *Lyon Medical*, of September, M. Cartaz speaks as follows of the occurrence of albumen in the urine in small-pox. Albuminuria is met with its confluent variola, in one out of every five cases. It is transitory usually, and has no effect on the progress of the disease. When permanent it brings with it the disorders noticed in Bright's disease. Even when it is only a passing affection it may give rise to grave accidents, such as eclampsia, etc. In hæmorrhagic variola, albuminuria is constantly noticed, whether it be due to a lesion of the kidneys, or to a mixture of blood with the urine, or to both causes combined. M. Perroud, of Lyons, says that albuminuria may appear in the eruptive period, or in the period of desquamation. In the first case it is probably due to reflex cause; in the second, to variolic poison. As in syphilis, variola has its secondary period characterized by multiple outbreaks on the surface of the skin (cutaneous rashes, pustulæ, sore throat, conjunctivitis) its tertiary or visceral period (orchitis, nephritis, pneumonia), and its intermediate period (deep inflammations of the skin, abscess, and iritis). Lastly, like syphilis, variola may be inoculated, and then it is its primitive accident (pustule of inoculation) or it is developed by infection, and then, like hereditary syphilis, it has no primary accident. The lesion of the kidney is the cause of albuminuria in small-pox. Generally, this lesion is slight, and yields easily to local and general tonics, such as iron, tannin, and quinine. M. Soulier remarks that the hypothesis that the albuminuria is renal is preferable, and he has found it true to nature. In an autopsy of variola with albuminuria, he had found a lesion like that in Bright's disease. If albuminuria were caused by blood-lesion, it would be much more common and more fatal in variola. If, on the contrary, it were the result of renal lesion, we can better comprehend that as this lesion does not take place in all cases, albuminuria does not always exist. He thinks the best treatment for it is rubbing with warm oil.—*The Doctor.*

TWO CASES OF PARALYSIS OF THE THIRD NERVE.

By C. K. FISKE, M. D., St. John, New Brunswick.

CASE I. Mr. M——, barrister, of this city, aged 40, on the 16th of December, 1869, while driving, incautiously jumped from a sleigh, and coming in collision with another rapidly-driven sleigh, received so severe a concussion as to render him insensible for several hours.

His physician, Dr. Earle, was called, and gave all needed attention to his case till restoration to consciousness, after which he complained of no pain or distress in the head, and there was no external contusion or wound upon the head or body, and he seemed all right with the exception of inability to raise the left eyelid.

On being called to him in consultation, the following day, I found a complete paralysis of the third nerve; closure of the left eyelid, on lifting which, I found the eye turned far to the left and slightly downward, by the combined action of the external rectus and superior oblique muscles; all motion of the eye suspended, the divergence being too great for double vision; the pupil dilated to about mid expansion; the accommodation power suspended, and withal giving the eye a vacant stare; vision confused and uncertain as to distances, causing a staggering gait when attempting to walk. I found the patient in bed, quite comfortable; mind clear and memory good; pulse regular, and skin natural. He was required to remain in bed, and two or three leeches were applied to the temple; and, believing there had been sanguineous effusion near the origin of the nerve, it was decided that rest and rather low diet should be persisted in for a fortnight or more. The Calabar bean was applied to the eye daily, and, after the end of a fortnight, faradization was applied in various ways two or three times a week. Some small blisters were applied over the brow and behind the ear. The bean produced contraction of the pupil to some extent, but the iris did not readily come under its influence.

The patient was allowed to walk about the house and to drive occasionally, and during the month of February warm baths were taken once or twice a week, and iodide of potassium was administered in medium doses three times a day, the battery being applied two or three times a week; also the Calabar bean as at first till the 1st of March, when there was a sudden and marked change in the case. On that day the functions of the nerve became nearly restored, the ptosis entirely relieved, and the inward motion of the eye became nearly perfect; vision improved rapidly, and the accommodation power was soon fully restored, the pupil being contracted to nearly its natural size without the aid of bean.

This case is remarkable for the completeness of the paralysis of the nerve and for the sudden restoration of its conducting power after so long a time—from the 16th of December till the 1st of March following.

Its record may be of interest to the practitioner, and assist in the prognosis of other cases of some weeks' standing, or even months.

This patient had been a "free liver," but readily consented to follow the advice of his physicians, and under a medium diet, with abstinence from stimulants, his general health and tone of body have much improved, and there is very little doubt the final cure was due to these latter means, rather than to the use of the Calabar bean or the battery.

CASE II. Mr. T——, of this city, aged 55, of spare habit, but rather full circulation, was suddenly attacked with ptosis of the left eyelid, attended with giddiness, on the 12th of February, 1870.

He was brought immediately to my office, when I found the following appearances: the left eyelid closed, which on lifting by my own hand, I found the pupil largely dilated, and the eyeball turned much to the left and somewhat downward: no inflammation or pain, but he complained of vertigo.

On inquiring into the causes, I learned my patient had been, for many months, smoking large quantities of tobacco; a pipe in his mouth almost at all times, excepting while eating or sleeping. I directed him to go home to his rooms and remain within-doors, to take efficient purgative medicines, and to abstain from smoking.

On the following day I found him much better, vertigo relieved, but with no improvement in the appearance of the eye and lid. I applied the Calabar bean, which readily contracted the pupil, but did not relieve the ptosis. I directed iodide of potassium to be taken in three-grain doses three times a day, and abstinence from the use of tobacco in all shapes.

In the course of a fortnight the eye-symptoms were much improved, and by the middle of March the deformity was entirely removed, and at the present date the patient remains quite well.

The improvement in this case was gradual from day to day, while in the first case the change was sudden, after eleven weeks' duration, from complete ptosis, expansion of pupil, and strabismus divergens, to full restoration of the parts.—*N. Y. Med. Journal.*

EXTRACT OF CONIUM IN INFLAMMATION OF THE BREAST.

—M. Alstadter, of Pesth, strongly recommends small doses of extract of conium, repeated several times in the course of the day, for the resolution of inflammation of the breast, arising from stasis of the milk in puerperal women, and reports several cases in which striking advantage was obtained from its use. In all instances care should be taken to obtain as pure and active a specimen of the drug as possible.—*Wiener Medical Presse.*

VARYING EFFECTS OF POISONS ON DIFFERENT ANIMALS.

—It is a well-known fact that what is poisonous to one animal may be taken by another with entire impunity. In illustration of this proposition, we are informed that strychnine, so fatal to most animals, may be eaten by certain species of monkeys with perfect safety. In the case of an East India monkey, known as the Lungoor (*Presbytis entellus*), one grain was first concealed in a piece of cucumber, which was eaten by the animal with no apparent effect. Three grains were afterward given, and with the same result. To test the strychnine used, three grains were administered to a dog, which proved almost immediately fatal. Another Indian monkey, known as the pouch cheek monkey, has been found to be more susceptible than the Lungoor, but not so much so as the dog.

It is also stated that pigeons can take opium in large quantities with no injurious consequence; goats, tobacco; and rabbits, belladonna, stramonium and hyoscyamus.—*Agr. Reporter*.

INFECTION—READY MODE OF PREVENTING.—There is perhaps no plan of preventing infection so ready as the production of sulphurous acid by the combustion of sulphur. To disinfect a bed, whilst the patient is temporarily removed from it, pass a copper warming-pan into the bed, containing a few live embers and a little sulphur. The pan should be moved about during the ignition of the sulphur. By burning sulphur in an open vessel, closets, carriages, passages, and vacated chambers of the sick, may be easily disinfected. Clothing may be lightly sponged over or sprinkled with water containing a little well mingled sulphur, and then ironed with a flat-iron heated to a temperament which will cause volatilization of the sulphur without burning the linen.—MR. J. SARTIN.—*Braithwaite*.

EXPLORATIONS BY THE COAST SURVEY BUREAU.—Prof. Agassiz, says the *American Naturalist*, has accepted an invitation to take passage in the iron Coast Survey steamer, which has just been built near Wilmington, Del., and which sails for the Pacific coast in September next. The expedition will take deep-sea soundings all the way. Secretary Boutwell has written to the Secretaries of State and Navy, asking that naval and other officers may be instructed to afford such courtesy and assistance to the exploring party as may be desirable.

Count Courtales, Rev. Dr. Hill, and Dr. W. White, of Philadelphia, will accompany the expedition.—*N. Y. Med. Record*.

THE REMOVAL OF AN INVERTED WOMB.—Dr. Thomas Hay, of York, Penn. (*Med. and Surg. Reporter*), lately removed an inverted uterus with an intramural fibrous tumor of the fundus. Four weeks afterward the patient was up and about her room, and the operation bade fair to be a perfect success.—*N. Y. Med. Record*.

MALIGNANT SMALLPOX TREATED WITH SULPHUR FUMIGATIONS, AND SULPHUROUS ACID INTERNALLY.

By F. HJALTELIN, M. D., Chief Physician of Iceland, Rekjavik.

EVERY summer, and even early in the spring, Iceland is generally surrounded by many hundred French fishing-vessels, which, to tell the truth, are never welcomed by the Icelanders; this spring, these vessels were still more dreaded than ever, because accounts had been received of a malignant smallpox, raging over the unhappy French country.

In the beginning of April last, several French vessels came into the harbor of Rekjavik, and in some of these a third part of the crew had been seized by smallpox, and some had died. A quarantine was at once erected in the neighborhood of our town, and, as the chief physician of this island, I had to treat the sick sailors, and see that the quarantine regulations were strictly followed. Many of the patients brought into the quarantine had the confluent smallpox, and were in great danger. I treated them all in the same manner, viz., on the plan of disinfection advocated by me a long time ago. Sulphur fumigations were used in the sick room and a mixture of sulphurous acid in water was given internally. The result has been most satisfactory, and I shall give a full account of the cases treated, in Dr. Dobell's Reports this year. As no cases of smallpox have, after the lapse of thirty days, occurred among the Icelandic population, either in the town or its neighborhood, I entertain the hope that the disease may be looked upon as stamped out by the aforesaid precautions. The people have been vaccinated and re-vaccinated, as a matter of course, and this may serve to protect the Icelandic population from this dreadful malady.—*Boston Medical and Surgical Journal.*

INTRA-PERICARDIAL ANEURISM OF AORTA.—Dr. Stokes, Regius Professor of Physic in the University of Dublin, presented to the Pathological Society of Dublin (*Brit. Med. Jour.*, March 18, 1871,) a most interesting case illustrative of some obscure points in the diagnosis of cardiac disease. The patient was a man aged thirty-one, who six years ago was ad-

mitted to the Meath Hospital, suffering from "heart disease," most probably from pericarditis. At the time of his second admission, a short time ago, he was the subject of general anasarca. On physical examination, the liver was found to be much enlarged, its lower edge being felt just above the crest of the ilium. At its base a double murmur was audible, of which the first part was systolic, and the second corresponded with the diastole. This bruit became fainter when traced towards the apex, but at this point it was again distinctly heard. Besides the double basic murmur, a loud *frémissement* existed at the base. This sign disappeared at a subsequent period, but only to return. There was visible pulsation in the carotid alone, and the pulse partook to some extent of the characters of the collapsing form. Here, then, were all the usual signs of aortic patency, together with the basic *frémissement*, and a second double murmur at the apex. Dr. Hayden, who was asked by Dr. Stokes to see the case, suggested that the lesion was aneurism of the right ventricle. After death, the left ventricle proved to be much hypertrophied; the aortic valves were found perfectly competent, though somewhat thickened; and a true aneurism sprang just above the origin of the aorta. The tumor was intra-pericardial, and from the sac a fistulous passage led into the cavity of the right ventricle. There was, in fact, a varicose aneurism. The *frémissement* was now explained—its disappearance Dr. Stokes regarded as due to a temporary plugging of the fistulous openings. Cyanosis was never present, though before death the patient's aspect became unusually livid. Dr. Stokes mentioned that this was the second instance in his experience in which an aneurism springing in the neighborhood of the sinuses of Valsalva had perfectly simulated the comparatively common disease, permanent patency of the aortic valves. Dr. Hayden stated that his diagnosis was founded on the following considerations. First, the murmur of exit possessed a peculiar character, one never remarked in simple valvular disease. It resembled the sound caused by the entrance of fluid into a resounding cavity, and might best be described by the word "splashing." Secondly, this murmur was not transmitted into the carotid vessels.—*Am. Jour. Med. Sciences.*

WET SHEETS IN DIARRHŒA.—Oppenheimer employed

this treatment in twenty cases of rapid diarrhœa in children, from fourteen days to four years old, with three deaths and seventeen recoveries. In two cases of chronic diarrhœa there was no result. He used sheets wet in water at 50° to 55° Fahr., in which the little sufferer was enveloped and then covered with a blanket, which was kept on until perspiration set in—say from half an hour to an hour. Internally the patients were given ice-water, broth, barley-water, milk, wine or brandy, but no medicine. As soon as perspiration occurred, the packing was removed, the child wiped dry, and cloths dipped in cold water laid upon its abdomen, and renewed as fast as they grew warm. Where the diarrhœa persisted, the packing was repeated within an hour. If cerebral congestion occurred, the packing was discontinued and ice applied to the head. The treatment seems suited only to acute attacks of diarrhœa in children.—*Schmidt's Jahrbucher.*

TRANSPLANTION OF MUCOUS MEMBRANE.—At a meeting of the College of Physicians and Surgeons of Vienna, Dr. Czerny (*Am. Practitioner*) exhibited a case of transplantation of the mucous membrane of the nose upon a granulating surface of the upper arm. He spoke of three cases he had experimented on in this way, and one in which he had taken the mucous membrane from the mouth. The mucous membrane in one instance was taken from an extirpated polypus, and transplanted two hours after its removal. It had lost on its new ground its villi, and had changed into basement epithelium.—*N. Y. Medical Journal.*

A SOUND LODGED IN THE UTERUS.—Drs. Petreguin and Foltz report the following: A woman allowed a midwife to introduce a sound into her uterus for the purpose of procuring abortion. The sound disappeared in the genitals and could not be found. Abortion followed. About four months later, the woman observed a small tumor near the umbilicus, which proved to be the head of the sound. The os was dilated by means of a sponge-tent, and in the anterior wall of the uterus the other end of the sound could be felt, which had perforated the uterus near the internal os, and had penetrated upward between the bladder and uterus. The handle of the sound could

only be felt in the uterine parenchyma when the woman had been walking about some time. Attempts to remove the sound by way of the vagina failed, and it was finally taken away through an incision made into the abdominal parietes. Recovery followed without further disturbance.—*Schmidt's Jahrbucher.*

SESQUICHLORIDE OF IRON AS A PROPHYLACTIC IN ACUTE RHEUMATISM.—Dr. Austin reports, in *The Practitioner* of September, twenty-nine cases of threatened acute rheumatism with this remedy. He says: "Whereas threatenings of gout could be very commonly dealt with in such a manner as to prevent the attack or render it trivial, the onset of acute rheumatism seemed never to be averted by drugs when once the prodromata had reached the stage which pretty frequently presented itself before me, viz., a more or less obscure aching of several joints, a yellow sallowness of face, with patches or streaks of dusky redness, blanket-like furring of tongue, an oily moisture of skin, a distinct though slight elevation both of pulse and temperature, and a certain anxiety of respiration. So far as the history of such patients could be traced, they were most invariably found to have developed the full symptoms of the acute disease, and very often (after once seeing them in the out-patient's room) one encountered them a few days later in the ward of the hospital.

Very different have been the results of treatment since I adopted the use of sesquichloride of iron from the first moment of such cases presenting themselves. During the past twelve months I have done this fully. Whenever a patient has presented himself with articular pain and slight fever that were plainly of the rheumatic, and not of the gouty type, he has been at once placed on thirty or forty minim doses of the tincture of the sesquichloride, from three to six of which, according to the severity of the symptoms, have been given in each twenty-four hours.

Since July, 1870, I have treated twenty-nine such patients, of whom thirteen had previously had one or more regular attacks of rheumatic fever, for the symptoms now referred to, with full doses of iron; and of these, seventeen have lost all pyrexia and spontaneous joint pain within the next three or four days.

Only three have, under my own eyes, developed the full acute disease, and been sent into the ward. Of the remaining nine, four disappeared altogether from my knowledge; the other five, though their symptoms were checked, remained in a state of what may be described as sub-acute rheumatism, during from ten to twenty days.

I can not help remarking with emphasis on the contradiction to old ideas which is involved in the effect of this iron treatment upon the furred tongue. Of course it becomes speedily blackened, but so far from the furring increasing, or the dryness and foul taste becoming more pronounced, what commonly happens is, that after a few days the epithelial coating falls off in patches, and the tongue soon cleans altogether."—*Med. Record.*

THE COMPRESSION TREATMENT OF ANEURISM.—*The Lancet* gives in brief the scheme of treatment so successfully pursued by Dublin surgeons in this affection, as explained by Dr. Macnamara at a late meeting of the British Medical Association.

The patient having been brought into good general health, and being neither anæmic nor hyperæmic, an elastic compressor is applied to the upper part, say of the femoral artery, a second compressor being arranged some three or four inches lower. The upper instrument is then adjusted so as to control the artery, and just arrest the pulsation or the sac and no more. "A roster of intelligent students is now organized, and to them is intrusted the management of the case. Two are appointed to take charge of the patient for an hour, when they are relieved by two others, and so on during the day, whereby unwearied attention is secured during the period that pressure is kept up; and, as in Dublin, hospitals are visited at 9 A. M., the treatment commences about that hour and is kept up to 9 P. M., when all pressure is removed, and the patient is encouraged to take his night's rest undisturbed. Next morning the treatment is resumed, and so on until the cure is accomplished. Dr. Macnamara pointed out that thus every exertion is made to conduct the case with as little inconvenience as possible to the patient.

The occurrence of a sharp pain in the neighborhood of the knee is looked for as the harbinger of cure, since it depends upon the rapid enlargement of the colateral circulation.

IODOFORM OINTMENT FOR SYPHILITIC ULCERS.—In the Boston City Hospital iodoform ointment, in connection with iodide of potassium, is extensively and successfully used in the treatment of syphilitic ulcers and rupia. Dr. W. Ingalls, attending surgeon, advocates this formula in two obstinate cases under his care: R Iodoformi, ʒss.; Spts. vini rect., q: s.; Adipis suill., ʒ viiss. M.—*Boston Med. and Surg. Journal*.

LINIMENT FOR FISSURE OF THE ANUS—M. Van Halsbeck states that he has succeeded in curing anal fissures with the following application which had resisted the division of the sphincter: Dissolve one part of tannic acid in 16 parts of glycerine. A tent wet with this preparation is to be introduced into the rectum night and morning. The bowels are to be kept open.—*Medical News*.

DYSMENORRHEA.—Dr. W. K. Boling (*Nashville Jour. of Medicine and Surgery*) reports the case of a patient who had suffered from dysmenorrhœa, who had never been pregnant, and who had never suffered in her turns before marriage. A pil. of opium, camphor, and lupulin was prescribed, with the effect of quieting the pain, but the after effect of the opium being disagreeable, she could not be again induced to resort to opium. She continued to suffer at each period for several months. She then, at the beginning of a pain, sat a few moments on a chamber in which a drachm of spirits of ammonia had been placed. In a minute the pain was gone, and did not return. The same result follows at each period since.

GANGRENE TREATED BY TURPENTINE.—Dr. Lange mentions a case of gangrene in which turpentine, after other remedies had proved ineffectual, not only saved the patient's life, but also nearly all the parts affected. A girl eleven years old had gangrenous destruction of the right cheek. The part was treated with turpentine on lint, and the dressing changed every two hours.—*Indiana Journal of Medicine*.

CARBOLIC ACID AS A LOCAL ANÆSTHETIC.—Carbolic acid possesses wonderful powers as a local anæsthetic. If a portion

of skin is covered with a cloth soaked in a saturated solution of carbolic acid for half an hour, and then a streak traced across the surface with a camel's-hair brush dipped in acid liquefied by one-twentieth its bulk in water, the skin may be divided along the course of the streak with a sharp scalpel, quite down to the subcutaneous cellular tissue, without causing any pain. Abscesses, whitloes, and buboes may be opened with great advantage in this manner. Sometimes it is necessary, when making an incision through the integument, to brush out the wound made with some liquefied acid before making the incision deeper.—*Dr. J. H. Bill, Braithwaite's Retrospect.*

CHLORAL IN COD-LIVER OIL is said to render it much less nauseous, and prevents the night-sweats of the phthisical patient induces sleep, and creates appetite. The pure chloral-hydrate crystals may be added to cod-liver oil in the proportion of ten grains of the former to one hundred and ninety of the latter.—*Medical Times.*

THE FIRST APPLICATION OF SULPHURIC ETHER IN MIDWIFERY.—Dr. Tyler Smith, in his remarks at the London Obstetrical Society, regarding the death of the late Sir James Y. Simpson, said that Simpson never claimed to be the discoverer of anæsthesia; but he did claim, and claimed justly, the first application of sulphuric ether as an anæsthetic in midwifery, and the discovery of the power of chloroform.

BROMIDE OF SODIUM.—As it is generally acknowledged that the prolonged use of bromide of potassium, in epilepsy and other nervous disorders, is often attended with serious inconveniences, and even dangers, Dr. Meredith Clymer, of New York, (*Med. World*), believes that in the *bromide of sodium* a happy substitute has been found that will fully meet every indication for which the bromide of potassium has been given, and is free from the objections which are justly urged against the latter. The taste of the bromide of sodium is much less unpleasant than that of the bromide of potassium, being very like common salt, and it may be used to replace the latter, mixed with the food, as with bread, butter, eggs, in milk, etc. Hence it is of more easy administration than bromide of potassium, to the

taste of which some persons have invincible repugnance, and increasing with its use. It is of the first importance that bromide of sodium should be perfectly free of all impurities, particularly of iodine. Larger doses of the hydrated salt are required than of the anhydrous, for it crystallizes with four equivalents of water.

The doses of bromide of sodium are about the same as those of bromide of potassium. In epilepsy he usually gives 20 grains three times daily, and has rarely gone above that amount. It sometimes seems to cause or encourage constipation.

BISULPHATE OF LIME AS A DEODORIZER.—Dr. J. D. Trask, Astoria, L. I. (*N. Y. Medical Journal*), in a paper on “Carbolic Acid as an Anti-zymotic in Puerperal Diseases,” calls attention to the bisulphate of lime as a deodorizer. The excess of sulphurous acid, passing into the atmosphere, comes directly in contact with the offensively odorous particles that have escaped, and at once destroys them. In giving vent to collections of decomposing purulent matter, as in the peritoneal or pleural cavity or in chronic abscesses, cloths wet with this preparation held near the orifice almost entirely prevent the escape into the room of the offensive smell, to the great relief of patient and bystanders. Though the strong solution will destroy fabrics, when properly diluted, as when used for vaginal injections, it neither destroys nor discolours bed-linen.

BOOK REVIEWS.

Transactions of the American Medical Association, vol. 22., 1871.

This number, although somewhat smaller than usual, is fully equal in the value and importance of the report contained, to any previous volume of the transactions of the association.

In the report of F. W. Hatch, M. D., on the “Climatology and Epidemics of California,” a number of new and interesting facts are brought forward, especially in regard to the relation of that climate to consumption. Very full and valuable tables are given, showing the temperature and humidity throughout the year

at Sacramento, and also at Darmer's Pass (Summit) Sierra Nevada, at an elevation of 7091 feet.

In table C, the deaths from diseases of the respiratory class at San Francisco and at Sacramento, for the year 1870 are given, the deaths from consumption being included. In San Francisco they were as follows: from asthma, 5; bronchitis, 38; laryngitis, 9; congestion of the lungs, 35; inflammation of the lungs, 196; hemorrhage of the lungs, 18; other diseases of this order, 28; consumption, 495. To Sacramento, the table assigns deaths from asthma, 1; bronchitis, 2; inflammation of the lungs, 26; other diseases of this order, 5; consumption, 79. The writer, however, says: "It should be borne in mind that to both of these localities invalids are continually brought for private and hospital attendance, thus swelling the death-rate beyond its legitimate proportions. This is especially true of phthisic."

As a summer resort for the consumptive invalid, the author considers that no better or more salutary location could be selected than the elevated mountain ranges of the Sierra Nevada, or the east side of the coast range mountains. In both of these mountain ranges many distinct localities are now becoming places of frequent resort both for the invalid and the seeker after pleasure. "The atmosphere is dry and invigorating; the water is pure and cold; the streams abound in trout and the hills in game; while in the valleys, lying here and there between separate ridges or spurs of the mountains, every desirable comfort can be obtained. In the Sierra Nevada range, we have Lake Valley lying at the base of one of the great ridges of the range, on an elevation of about 7000 feet, inclosing the largest of our mountain lakes—"Lake Bigler,"—a sheet of water about forty miles long, and probably ten wide. Then there is Hope Valley, a small but attractive plain just over the summit, and watered by the head of Carson River, where the invalid may find, during the summer months, a climate delightfully adapted to physical comfort, dry and bracing, affording in the clear stream which courses near its centre the best possible facilities for enjoyment to those fond of fishing; then there is, a few miles distant, Silver Lake, a beautiful sheet of water, one mile and a half long by

one mile wide, set like a polished mirror in the basin of a deep depression between surrounding hills, perhaps 2000 feet below their crests, and itself 2000 feet above the sea, displaying in its steep approach and in its immediate surroundings one of the grandest views which nature in her extravagance of scenery has afforded. These, and other localities which might be enumerated, may be regarded as supplying every possible advantage to be found in our mountain climates."

"This much for a summer residence. Yet even in the winter season, it is questionably whether the climate of some portions of the mountains would not be equally beneficial for a very large class of invalids. The air, although cold, is still dry in comparison with that of the valleys, and it remains to be proved that mere cold, without excessive and continued moisture, is specially injurious to those suffering with the early stages of consumption. On the east the ranges of the Sierra Nevada are for a greater portion of the season covered with snow, often for a great depth, and, except on the principal routes of travel, communication is difficult. The opening of the Pacific Railroad, however, has latterly afforded facilities for intercourse which were previously unknown, and has thus obviated one important obstacle, hitherto insuperable.

The same objection does not exist in regard to the coast range. Here snow, except on the higher crests, is not frequently seen, never for any very considerable duration, and the atmosphere for the greater portion of the winter is cool, dry, and bracing. Relying, however, upon our own experience and observation, we are inclined to give the preference, for the winter season, to some of the valleys in the extreme southern portion of the State, as for example, a residence in San Diego. In this delightful section the rainy season is of shorter duration than in the more northern valleys, the climate is warmer and more equable, and the atmosphere drier. Of a somewhat similar climatic character is the neighborhood of Santa Borbora, situated a short distance from the ocean, about 200 miles, in a direct line, south of San Francisco, in one of the most attractive of the coast valleys, a region of country excelling in natural advantages, and to which the atten-

tion of immigration is being directed on account of its equable and salubrious climate, and the moderateness of its winter temperature, the fertility of its soil, and its adaptibility to the most varied and profitable culture."

These quotations from the report of Dr. Hatch embody in the main, his conclusions in regard to the effects of the climate of different portions of California upon consumption.

The report on the climatology and epidemics of Minnesota, by Charles N. Hewett, M. D., also evinces a good deal of care and labor in its preparation, and forms quite a complete exposition of the subject. The subject of phthisic pulmonalis is of especial interest in this connection, and in regard to it the writer reports as follows:

"Origin in the State.—In the reports received, 52 cases are given which originated in the State: with known predispositions, 8 cases, without known predispositions, 9 cases.

"Dr. Senkler, of St. Cloud, of 30 cases examined, reports 20 per cent originating here, all with predispositions.

"Effects of Residence on Incipient Disease.—Drs. Willey, Hand, Murphy, C. E. Smith and Mattocks, old residents of St. Paul, the headquarters for most of this class of patients from abroad, report it very favorable. Dr. Murphy thinks in 90 per cent of cases. Drs. Hawley, of Red Wing; Galloway, of Rochester; Adams, of Hastings, Hill, of Pine Island; Sheardown, of Stocton; Senkler, of St. Cloud; Griswold, of Taylor's Falls; Reiner and Rhodes, of Stillwater, report it favorable, Dr. Sweeney, of Red Wing, after a careful review of 21 years experience in the State, states his decided conviction that 90 per cent of cases in which the diagnosis is certain will die within two years of the disease. Dr. Staples, of Winona, makes two classes under this head. 1. Those with general debility and anæmia, dependent on poor digestion and faulty assimilation, these are benefited. Dr. Mays, of Rochester, agrees with this statement. 2. In those cases in whom there is a congestive tendency (a disposition to hæmoptysis,) the stimulant effect of the climate may be injurious."

In regard to the effects upon developed disease, the following report favorably: Drs. Willey and Hand, of St. Paul, if not complicated with bronchitis; Murphy, of St. Paul, if not of both lungs; Mattocks, of St. Paul, cases have been benefited, not advised; C. E. Smith, of St. Paul, permanent or partial relief; Mayo, of Rochester, end deferred; Adams, of Hastings, to prolong life.

Unfavorable.—Mattocks, of St. Paul, as also Staples, same rule as in incipient disease, not generally so favorable; Sweeney, of Red Wing, majority die in six months; Hawley and Hewett, of Red Wing, not favorable, end hastened.

In an appendix at the conclusion of the report, Dr. Hawley reports a number of cases of typhoid fever with a view of establishing and proving the contagious and infectious nature of the disease.

The report of J. P. Moore, M. D., on the climatology and epidemics of Mississippi, contains valuable and important information in regard to that region. The following are given as the most prevalent diseases of the State named in the order of their fatality:

Pneumonia, malarial fever, inflammations of the brain and membranes, mostly affecting children, typhoid fever, dysentery, diarrhœa, consumption, now much on the increase, cholera infantum, irritative fever.

The following is a list of the remaining reports contained in the volume:

Report of Section on Practice of medicine and Obstetrics.

Report of Committee on Criminal Abortion.

Report of Section on Materia Medica and Chemistry.

Report of Section on Surgery and Anatomy.

A synopsis and analysis of one hundred cases of Lithotomy and Lithotrity, etc., by Paul F. Eve, M. D.

Improved Trocar for Ovariectomy and other purposes, by A. M. Pollock, M. D.

A New Observation on the Luxated Elbow, by A. S. Hudson, M. D.

Prize Essay on the Chemical Constitution of the Bile, by Edward R. Taylor, M. D.

Prize Essay—The Direct Method of Artificial Respiration for the treatment of persons apparently dead from suffocation by drowning or from other causes, with cases, by Benjamin Howard, M. D.

Transactions of the twenty-sixth annual meeting of the Ohio State Medical Society, held at Cincinnati, April 4th, 5th and 6th, 1871. Cincinnati: Bosworth, Case & Hall, publishers.

This is a handsome volume of 350 pages in substantial cloth binding. The table of contents is as follows: Minutes of Twenty-sixth Annual Meeting; Address of the Retiring President; Some Points in Uterine Therapeutics, by Edw. B. Stevens, M. D.; Report on Physical and Vital Force, by S. S. Scoville, M. D., Lebanon, Ohio; Report on the Antagonistic Power of Opium and Belladonna, by John A. Little, M. D., Delaware, Ohio; Case of Removal of Both Superior Maxillary Bones, by W. H. Mussey, M. D., Cincinnati; Sanitary Science, by J. R. Black, M. D., Newark, Ohio; Hydrate of Chloral, by D. D. Bramble, M. D., Cincinnati; Report on Ophthalmology, by W. W. Seeley, M. D., Cincinnati; The Ophthalmoscope and the Sphygmograph in the Study of the Physiological Action of Medicine, by Robert Bartholow, M. D., Cincinnati; Reproduction, by James T. Whittaker, M. D., Cincinnati; Prevailing Diseases, by J. R. Black, M. D., Newark, Ohio; Relations of Epilepsy, Insanity and Jurisprudence, by W. J. Conklin, M. D. Dayton, Ohio; Mechanical Treatment of Strictures of the Urethra, by D. S. Young, M. D., Cincinnati; Appendix to a "Historical Review," by Edw. B. Stevens, M. D., Cincinnati; Constitution of Ohio State Medical Society; Code of Ethics of American Medical Association.

The character of these reports and essays is such as to constitute a very valuable and important volume, highly creditable to the society by which it is issued.

Circular No. 3, War Department, Surgeon-General's Office, Washington, August 17, 1871. A report of Surgical Cases treated in the Army of the United States, from 1865 to 1871, by George A. Otis, Assistant Surgeon, U. S. A.

The first eighty-seven pages of this report are devoted to the consideration of gunshot wounds. The two hundred and ninety-seven reports given furnish more or less complete data respecting three hundred and eighty-seven patients with gunshot wounds. Incised and punctured, lacerated and contused wounds are next considered. Under the heading of "Simple and Compound Fractures and Luxations," a large number of cases are detailed. The remaining cases considered come under the following headings: Arrow Wounds; Poisoned Wounds; Burns; Scalds, and Frost-bites; Amputations in the Upper Extremities; Excisions; Ligations; Various Operations on the Eye, Ear, Mouth, Chest, Abdomen, Genito-Urinary Organs, etc.

The chapter on surgical operations shows a very favorable exhibit of the results of the major operations. In a summary at the close of the report the writer says in regard to them: "Those at the shoulder and knee-joint had a larger measure of success than usually rewards the efforts of surgeons, and the small ratio of mortality in the thigh operations is exceptional. Two of the amputations in the thigh were of special interest as performed for the consequences of gun-shot fractures of the femur, inflicted five and seven years previously. The pathological specimens furnished from these cases, very imperfectly represented by the wood cuts, are very instructive. There was a successful case of amputation of the fore-arms and of the legs in one patient, and one of the two exarticulations of the hip had a successful issue."

"The twenty-seven reports of ligations of the larger arterial trunks include one in which the common carotid was successfully tied for secondary hæmorrhage following a gun-shot wound of the face and neck, and supposed to involve the external carotid near the origin. That there should not have been recurrent hæmorrhage from the distal orifice in the vessel is surprising. A compulsory ligation of the aorta for rupture of an aneurism of the common iliac is reported from one of the freedmen hospitals—one of three ligations of the iliac proved successful. Three of

the four ligations of the femoral resulted happily. The fatal case was one in which Anel's operation was performed, neither experience nor theory having convinced the operator that tying the femoral in its middle third would not preclude the fatal consequences of recurrent haemorrhage from a wound of the popliteal. It is almost incredible, but there are still many surgeons who think it unnecessary to place two ligations on wounded arteries, but are satisfied in securing the proximal extremity or in tying the main trunk at a distance. The reports indicate that acupressure was not employed to any extent." An interesting case of brachial aneurism successfully treated by compression is recorded in page 155.

The volume is illustrated by numerous wood cuts and by three fine lithographs, the first illustrating Otis' successful re-amputation at the hip-joint, the second showing Gibson's successful excision at the hip. Considered as a whole, the circular is a very valuable one and presents a large amount of matter, particularly important to the medical officers of the army, for whose more especial information and instruction it is published. At the same time the facts and ideas brought forward will prove of equal value and assistance to the general surgeon.

Transactions of the Medical Society of the State of Pennsylvania, at its Twenty-second Annual Session, held at Williamsport, June, 1871. Collins, printer. 705 Jayne street, Philadelphia.

This is a volume of 467 pages, the greater part of the contents being made up of the reports of the various county medical societies made to the State Society. These reports embody a large amount of valuable and interesting information in regard to their respective localities. A certain form is given for the making out of these reports, which has been followed in the main, producing a uniformity very desirable for purposes of comparison. The following are the leading topics considered in each: 1st. Causes which modify the Health of the County, such as Locality, Hydrography or Drainage' Topography, Meteorology. 2nd. Mortality Tables. 3rd. Prevalent Diseases, Epidemics and Endemics of the Year, Fevers, etc.

In addition to these reports the following papers are published: "A Case of Thyroid Dislocation of the Hip-joint in the second stage of Coxalgia; Reduction by Manipulation, by Benjamin Lee, M. D.;" "Remarks on a Modification of Taylor's Splint for Posterior Curvature of the Spine, by Benjamin Lee, M. D.," and "A New Prostatic Catheter."

Essentials of the Principles and Practice of Medicine. A hand-book for Students and Practitioners, by Henry Hartshorne, A. M., M. D. Third edition thoroughly revised. Philadelphia: H. C. Lea, publisher.

This little volume is already well and favorably known through its former editions, and is generally acknowledged to be the most comprehensive and useful hand-book ever offered to the profession.

The Endemic and Epidemic Diseases of Mobile, their Causes and Prevention, by Jerome Cochran, M. D.

Annual Report of the Surgeon-General of the United States Army.

Three Cases of Imperforate Anus, with remarks by J. H. Pooley, M. D., Yonkers, N. Y.

EDITORIAL.

OUR FRENCH EXCHANGES.—The Paris medical journals were interrupted for a time during the Franco-Prussian war. The missing numbers, however, have all been replaced, and the issues resumed as usual.

The subject of *purulent infection* had been under discussion at the Academy of Medicine for several months before the war, and has since been resumed. The *Gazette Médicale de Paris* in an editorial comment on the discussion says, "The discussion in regard to purulent infection which has been continued at the Academy of Medicine for a number of months is certainly one

of the most interesting ever recorded in the annals of that illustrious society. It would be difficult to find a subject offering an equally vast field for the collection of facts and ideas. The highest conceptions of general pathology have been called forth by it, as well as clinical observations the most simple, the most empirical.

With certain orators we have been transported for a time into the highest regions of metaphysics, while in following others we do not leave the solid ground of practical journalism.

All this comes, however, within the limits of the subject, for in medicine the theory and the practice are inseparable. The first illuminates the second; the one confirms or demonstrates the other. In the midst of all the doctrines, however, the only truth is found by careful observation of well demonstrated facts. It is comparatively easy to form an idea *a priori*, to conceive an hypothesis, or to elucidate a theory, but it is a much more difficult task to make careful observations and from them to establish true reports, real and exact."

M. Verneuil, in the course of his discussion, said: "In considering the subject of purulent infection there are three points to be noted, the person wounded, the wound, and the media or atmosphere surrounding the patient. The wisest course is, without doubt, to give equal consideration to each of the three, but, according to the doctrine which we profess we are apt to accord the preëminence to one or the other. For instance, M. Chauffard, with his ideas fixed upon the spontaneous growth of organisms through the activity of plastic life, sees before all else the wound; M. Alphonse Guérin, with his "theory miamatique," on the other hand, has his attention entirely pre-occupied with the *atmosphere* surrounding his patient, and the *poisons brought by it* to the wound. Just here, without any doubt, arises the difference in the practice of the one and the other confere."

RUSH MEDICAL COLLEGE. CORRECTION.—In the October number of the EXAMINER, in alluding to the effects of the recent great fire on the medical colleges of this city, we stated that the Faculty of the Rush Medical College resumed their regular

course of instruction, in the lecture room of the County Hospital, in about two weeks. We made the statement without any positive data, and we have since been informed by the Secretary, that "the lectures of the Faculty of the Rush Medical College, were interrupted but *four days* by the fire; since which time the course has been given regularly." We take pleasure in making the correction.

THE PRESENT AND THE NEXT VOLUME.—We had intended to issue each number of the present volume of the EXAMINER separately. But the unexpected delay on the part of our old printers, in getting new presses since the fire, coupled with our desire to have the new volume commence by the issue of the January number promptly during the first week in the month, has caused us to put the November and December numbers together, thereby completing the present volume with this issue. The new volume, commencing with the January number, will be published regularly, in good style, and with much more complete arrangements for making every department of it more valuable to the practitioner than heretofore. We cordially thank our patrons for past favors, and hope they will find it for their interests to continue the same in the future. A few of our subscribers are still in arrears. We hope they will appreciate the importance of early remittance.

CHICAGO MEDICAL SOCIETY.—This society resumed its regular meetings on the first and third Monday evenings of each month, soon after the fire. Owing to the absence of any central place of meeting, the number in attendance has usually been small. This will be remedied in a few months, when the society will probably become more prosperous than at any former period.

ILLINOIS STATE MICROSCOPICAL SOCIETY.—The regular scientific meetings of this society, which had been interrupted since the fire, were resumed on Friday evening last, December 8th, with a fair proportion of the active members in attendance.

Prof. H. H. Babcock read an interesting paper on "the Diatoms of Chicago Hydrant Water." After recounting the principal species usually found in our hydrant water, he stated that, since the completion of the canal improvement, changing the current of the Chicago river so as to cause it to flow from the lake instead of into it, the diatoms had very much diminished in numbers, some of the species having almost entirely disappeared, and that the amount of other organic materials found in the water was also very much less than previously. It was evident that the change in the current of the river had very materially increased the purity of the hydrant water, and this improvement in the water has probably been of considerable benefit to the sanitary condition of the city. It would appear that the foul impure water from the river as it flowed into the lake must have mingled with and contaminated, to a certain extent, the lake water even as far out as the crib, two miles from shore, which had been supposed to be beyond the influence of the river water. There was, however, another theory by which he thought the increased purity of the water might, perhaps, be accounted for. The existence of a tolerably constant, uniform current flowing through the lake from north to south along parallel with, and at a short distance from, the shore has been at least partially proven. While on a visit to Mackinac at the north end of Lake Michigan last summer he had found in specimens of the lake water taken from near the mouth of Carp river diatoms of the same species as those observed here. This fact suggested the idea that the crib might have been in the course of this current and the diatoms and other organic impurities found in the hydrant water have thus been derived from it. The change in the course of the river however, having drawn the current in nearer to the shore left the crib outside, beyond the reach of its influence, in the pure water. Whichever of the theories may be true, or whether either of them is correct or not, is of little consequence beside of the fact that our city is now being supplied with water almost absolutely free from organic impurities.

In the concluding paragraph of the paper it was, however, stated that for the past few weeks the current in the river had not

been as rapid and as a consequence the hydrant water had begun again to approximate its old standard of impurity.

At the conclusion of the reading of this paper Mr. H. W. Fuller made a few remarks in regard to the proper care of the microscope and microscopic apparatus ; the discussion of the subject being continued in an informal manner by Prof. Babcock, Dr. Johnson and others. The society then adjourned its formal meeting, the members remaining however for a few minutes to examine slides, instruments, etc. Mr. H. M. Thompson had on exhibition a very handsome and complete new microscope, one of Smith, Beck & Beck's finest instruments which he had just imported.

SECRETARY'S OFFICE OF THE ILLINOIS STATE MEDICAL SOCIETY, CHICAGO, NOV. 1, 1871.—*To the members of the Illinois State Medical Society, GENTLEMEN,*—The transactions of this Society were nearly ready for distribution, but yet in the hands of the publishers at the time of our great fire. The publishers lost everything, and the State Medical Society their transactions for this year. Nothing was saved except a copy of the proceedings which was in our hands, and a few of the articles and reports that had been published in the medical journals and others in pamphlet form by their authors.

We shall at once put these into type again and obtain, if possible, duplicate copies of all the unpublished reports from their authors.

We ask the indulgence of the Society for our seeming tardiness in issuing the transactions, but many circumstances which seemed beyond our control, conspired to delay the issue.

We have made direct application to the authors of all unpublished papers, and hope to be able to issue nearly, if not quite, a complete copy within the next thirty days.

In behalf of the Committee on Publication.

T. D. FITCH, M. D.,

Permanent Secretary.

MORTALITY FOR OCTOBER, COMMENCING WITH THE 8TH.

(In the first seven days there were 88 deaths.)

Accident by bridge.....	1	Cystitis.....	1	Liver disease of.....	1
“ “ burns.....	96	Debility, general.....	6	“ and bowels, do.....	1
“ “ wagon.....	1	Diabetes.....	1	“ hypertrophy of.....	1
“ “ drowning.....	8	Diarrhœa.....	8	“ ulceration of.....	1
“ “ concussion of		“ chronic.....	7	Lungs, abscess of.....	1
brain.....	1	Diphtheria.....	9	Manslaughter.....	6
Accident by falling walls,	5	Dropsy, general.....	4	Meningitis.....	7
“ “ fall.....	2	Dysentery.....	7	“ cerebro-spinal,	3
“ “ kick by horse,	1	“ chronic.....	2	“ tubercular.....	2
“ “ by railroad.....	1	Enteritis.....	11	Menth canker sore.....	6
Abcess lumbar.....	1	Exhaustion.....	1	Metritis puerperal.....	6
“ sloughing of.....	1	Epilepsy.....	1	Old age.....	4
Anæmia.....	1	Exposure.....	5	Paralysis.....	9
Aneurism of aorta.....	1	Erysipelas.....	3	Pneumonia.....	22
Alcoholic poisoning.....	1	Fever, intermittent.....	3	“ typhoid.....	2
Apoplexy.....	2	“ puerperal.....	4	Rheumatism.....	1
Asphyxia.....	1	“ remittent.....	1	Scrofula.....	1
Asthma.....	1	“ scarlet.....	15	Small pox.....	1
Bowels, intussusception		“ “ malignant....	1	Spina bifida.....	1
of.....	1	“ typhoid.....	18	Stomach, hemorrhage of...	1
“ and stomach, con-		Fright.....	1	“ ulceration of.....	1
gestion of.....	1	Gangrene.....	1	Suicide by shooting.....	1
Brain, congestion of.....	6	Gastritis.....	2	“ by drowning.....	1
“ inflammation of.....	5	Gastro-enteritis.....	1	Tabes mesenterica.....	13
Bronchitis.....	6	Heart, disease of.....	3	Teething.....	3
“ chronic.....	1	“ and liver, do.....	1	Whooping cough.....	2
Cancer of breast.....	1	“ hypertrophy of.....	2	Unknown.....	17
“ face.....	1	Hemiplegia.....	1		
“ liver.....	1	Hepatitis.....	1	Total.....	542
“ uterus.....	1	Hydrocephalus.....	9		
Carbuncle gangrene.....	1	Inanition.....	7		
Cholera infantum.....	21	Kidneys, Bright's dis-			
Cholera morbus.....	1	ease of.....	3	Premature births.....	11
Consumption.....	35	Kidneys, inflammation of,		Still do.....	26
Convulsions.....	57	Laryngitis.....	1		
“ puerperal.....	1	Lead colic.....	1	Total.....	37
Croup.....	22	Liver, congestion of.....	1		

AGES.

Under 1.....	158	70 to 80.....	10	Colored.....	4
1 to 2.....	47	80 to 90.....	2	White.....	538
2 to 3.....	29	Unknown.....	108		
3 to 4.....	10			Total.....	542
4 to 5.....	10	Total.....	542		
5 to 10.....	15				
10 to 20.....	15			Married.....	126
20 to 30.....	32	Males.....	257	Single.....	331
30 to 40.....	30	Females.....	200	Unknown.....	85
40 to 50.....	36	Unknown.....	85		
50 to 60.....	21			Total.....	542
60 to 70.....	13	Total.....	542		

MORTALITY BY WARDS.

Wards.	No. deaths.	Pop'n 1871.	Per c't.	RECAPITULATION.	
1.....	...	8,103		Unknown wards.....	12
2.....	...	13,449		Accidents.....	116
3.....	23	17,934	779	County hospital.....	8
4.....	5	14,022	2,804	Alexian Brothers..	1
5.....	17	14,991	882	Carpenter School.....	1
6.....	28	22,018	818	Foundlings' Home.....	8
7.....	27	15,596	577	Half Orphan Asylum.....	1
8.....	37	25,420	687	Home for Friendless.....	1
9.....	53	50,778	581	Manslaughter.....	6
10.....	23	17,292	752	Police Station.....	1
11.....	25	16,212	648	Mercy Hospital.....	6
12.....	21	15,018	715	Suicides.....	2
13.....	8	9,740	1,217	Washingtonian House.....	1
14.....	20	9,339	467	Scotch Chnrch.....	1
15.....	66	25,707	289	Barracks.....	2
16.....	12	16,380	1,365	Burlington Depot.....	1
17.....	4	18,814	4,702		
18.....	3	18,805	6,268	Total.....	542
19.....	...	9,236			
20.....	2	14,522			

NATIVITY.

Bohemia.....	6	France	1	Unknown	116
Canada	5	Germany	38	Total	542
Chicago, native.....	74	Holland	2		
" foreign.....	169	Ireland	40		
U. S., other parts	50	Norway.....	10		
Denmark	1	Scotland.....	11	Deaths daily.....	22½
England.....	14	Sweden.....	6		

This is necessarily the most incomplete report that I have ever presented. Although the number of deaths is about the same as last year, the causes are greatly changed. In this number there are 116 deaths from accidental causes, and of these there were 101 the result of the fire, either by burns or by falling walls. The total number of lives lost by the fire has not yet been ascertained, and I am satisfied that the remains of some will never be found, while others will be discovered when the *debris* of the buildings is removed. Judging from the remains that have already been found, I am inclined to the opinion that the loss of life will not exceed 200 by the fire. In this connection I would recommend that this Board keep a register of the missing. This has already been done partially, but owing to the multiplicity of cases, has been neglected for some time.

The general health of the city during this month has been unusually good, and from the foregoing report it will be seen that the causes of death were very few, independent of those directly the result of the fire. In October, 1868, there were 449 deaths, in 1869 601, and in 1870 about 575.

JOHN H. RANCH, M. D.

MORTALITY FOR NOVEMBER 1871.

Accident, burns	1	Diphtheria.....	11	Meningitis.....	7
" drowning	1	Dropsy, general	4	" cerebro-spinal,	4
" by fall.....	1	Dropsy of abdomen.....	1	" tubercular.....	2
" " of wall.....	2	Dysentery	8	Metritis puerperal.....	1
" gun-shot wound,	1	" chronic	1	Menth gangrene sore.....	1
" gasoline	1	Embolia	1	Neuralgia	1
" run over by omnibus.....	1	Endo-cervicitis	1	" and bronchitis.....	1
" run over, horse cars	1	Enteritis	13	Old age.....	16
" run over by railroad cars.....	1	Enterocolitis.....	2	Paralysis	1
" scalding.....	2	Epilepsy	2	Pericarditis	1
Amputation for injury to foot.....	1	Erysipelas.....	3	Peritonitis	5
Aneurism of aorta.....	1	Exhaustion.....	3	" traumatic.....	1
Apoplexy.....	2	Fever, congestive	1	" puerperal.....	1
Asthma.....	2	" puerperal.....	5	Pleurisy	1
Atectasis pulmonary.....	1	" remittent.....	4	Pharyngitis, gangrenous.....	2
Bowels, hemorrhage of.....	2	" scarlet.....	13	Pneumonia	27
" ulceration of.....	1	" malignant.....	1	" typhoid.....	3
Brain, congestion of.....	7	" " and complications.....	1	Pyæmia	1
" inflammation of.....	18	" tions.....	3	Scrofula	1
" softening of.....	1	" typhoid	75	Small pox	13
Bronchitis	4	Gangrene.....	1	Spina bifida.....	2
" capillary	1	" of bowels.....	1	Stomach, ulceration of.....	1
Cancer of liver.....	3	Gastritis.....	4	Suicide by cutt.ng throat,	1
" stomach.....	1	Gastro-enteritis	5	" morphine.....	1
" uterus.....	1	Hæmatemesis.....	1	Tabes mesenterica.....	10
Calculus.....	1	Hemorrhage, internal.....	1	Teething	4
Cholera infantum.....	7	" umbilical.....	1	" and complications.....	2
Colitis	1	Heart, disease of.....	5	Tetanus	1
Consumption	32	" inflammation of.....	1	Urine, retention of.....	1
Convulsions	50	" organic disease of.....	1	Uterus, hemorrhage of.....	1
Croup	16	" vulvular disease of.....	5	Varicella	1
" membranous	5	Hepatitis	1	Vitality deficient.....	1
Cyanosis	1	Hip joint, disease of.....	1	Whooping cough.....	4
Cyananche trochealis.....	2	Hydrocephalus	9	Total	516
Debility, general	7	Icterus.....	1		
Delirium tremens	1	Inanition	4	Premature births.....	9
Deficient development	1	Kidneys, Bright's disease	2	Still births.....	36
Diarrhœa	9	Laryngitis.....	1	Total	45
" chronic	4	Lungs, congestion of.....	1		
		" abscess of.....	1		
		Measles.....	1		
		Metro peritonitis.....	1		

AGES.

Under 1 year.....	115	70 to 80.....	25	Married.....	153
1 to 2.....	52	80 to 90.....	6	Single.....	363
2 to 3.....	27	Unknown.....	2		
3 to 4.....	22			Total.....	516
4 to 5.....	11	Total.....	516		
5 to 10.....	35				
10 to 20.....	32				
20 to 30.....	60			Colored.....	6
30 to 40.....	47	Males.....	295	White.....	510
40 to 50.....	36	Females.....	220		
50 to 60.....	25			Total.....	516
60 to 70.....	21	Total.....	516		

MORTALITY BY WARDS.

Wards.	No. deaths.	Pop'n 1871.	Per ct. d'th in	RECAPITULATION.	
1.....	...	8,103	13,449	Accidents.....	15
2.....	1	13,449	690	Barracks.....	4
3.....	26	17,934	1,556	County Hospital.....	22
4.....	8	14,022	937	Foundling Home.....	7
5.....	16	14,991	655	Gaena Elevator.....	1
6.....	35	22,918	445	Home for Friendless.....	2
7.....	35	15,590	498	Mercy Hospital.....	10
8.....	51	25,420	570	Newberry School.....	1
9.....	54	30,778	910	Protestant Orphan Asylum.....	2
10.....	19	17,292	368	Police Station.....	1
11.....	44	16,212	626	Small Pox Hospital.....	1
12.....	24	15,018	1,391	St. Luke's Hospital.....	2
13.....	7	9,740	778	Suicides.....	2
14.....	12	9,334	348		
15.....	75	25,706	780	Total.....	516
16.....	21	16,380	2,352		
17.....	8	18,814	2,100		
18.....	9	18,805			
19.....	...	9,237			
20.....	...	14,522			

NATIVITY.

Bohemia.....	7	Germany.....	72	Wales.....	1
Canada.....	5	Ireland.....	56	Unknown.....	10
Chicago, native.....	66	Norway.....	17		
“ foreign.....	164	Prince Edward's Island.....	1	Total.....	516
U. S., other parts.....	78	Poland.....	4		
Denmark.....	1	Scotland.....	4		
England.....	16	Sweden.....	17	Deaths daily.....	17.20

COMPARATIVE MORTALITY.

	1870.	1871.	Increase or decrease.		1871.	1871.	Increase or decrease.
Accidents.....	13	15	2	Inanition.....	4	4	0
Apoplexy.....	10	2	8	Lungs, congest'n of.....	1	7	6
Asthma.....	0	2	2	Meningitis.....	10	14	4
Brain diseases.....	12	18	6	Old age.....	4	16	12
Bronchitis.....	9	5	4	Peritonitis.....	4	7	3
Cancer.....	6	5	1	Pneumonia.....	19	30	11
Cholera infantum.....	3	7	5	Small pox.....	0	13	13
Consumption.....	49	32	17	Suicide.....	4	2	2
Convulsions.....	40	50	10	Tabes mesenterica, 14	10	4	4
Croup.....	54	21	33	Teething.....	5	6	1
Debility, general....	7	7	0	Whooping cough....	2	4	2
Diarrhœa.....	6	13	7	Total causes of death.....	109	113	4
Diphtheria.....	19	11	8	Under 5 years old.....	201	227	26
Dropsy.....	4	5	1	5 to 20.....	54	67	13
Dysentery.....	2	9	7	20 to 50.....	123	143	20
Enteritis.....	2	13	11	50 and upwards.....	44	79	35
Fever, congestive....	1	1	0	Males.....	231	216	15
“ remittent.....	3	4	1	Females.....	261	210	51
“ puerperal.....	3	5	2	Born, Chicago nat., 58	66	8	8
“ scarlet.....	13	17	4	“ “ for'n.....	143	164	21
“ typhoid.....	35	75	40	“ United States, 64	78	14	14
Gastritis.....	0	9	9	“ foreign.....	153	208	55
Heart diseases.....	13	16	3	Total.....	422	516	94
Hydrocephalus.....	2	9	7				

Compared with the corresponding month of 1870, there is a decided increase in the number of deaths. There were 2 more by accidents, 2 more by asthma, 6 by brain dis-

